

to

October - 1950

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Our thanks and a gift of B-D products to Sarah A. Flynn, R.N., of Lynn, Massachusetts, who submitted the idea for this month's cartoon. BECTON, DICKINSON AND COMPANY RUTHERFORD, NEW JERSEY



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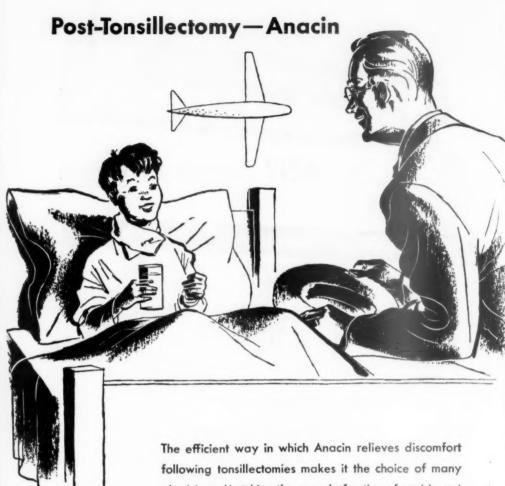
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Happy Birthday

Dear Editor:

May I join the thousands of other nurses who wish you a most happy thirteenth birthday this month and trust that you will long continue to publish the charming and indispensable magazine that is such a help to nurses in every branch of our profession. The concise and straightforward articles of each department are a joy to read and although many of us treat R.N. as an evening luxury, I find it inspirational to read in the streetcar on the way to work. I have been indebted many times to Drug Digest for the explicit descriptions of the many new drugs that we use daily in hospital routine. May you long continue to serve and inspire your grateful readers.

LISBETH SUTHERLAND, R.N. PITTSBURGH, PA.

Golden Rule

Dear Editor:

I'm not nursing at present, I'm writing. But I am still a nurse and know what nurses are thinking about. Being one of the older nurses, I'm thinking about the way the average

Debits & Credits

young nurse feels about us and looks at us. Perhaps she doesn't mean to. Maybe her lack of years and of experience are responsible for her failure to realize how much effort it took on our part to get nursing to the place where it is today. When you tell her you worked 20 hours a day she wonders if all the cells in your brain were active. Should you mention that you took care of a needy patient without remuneration, she looks at you as though she thought you were handling the truth carelessly.

One of our oldest nurses worked in the supply room. A recent graduate asked her, "Did they sterilize supplies in your day?" To which the nurse replied, "Yes, we had a lot of Lord Listers on our staff." I'm sure the younger nurse had to inquire who Lord Lister was.

During the war I did general duty. A 70-year-old nurse had returned to help in the critical shortage. She asked a young nurse where the catheters were kept. "I'll show you this time," answered the nurse, "but you're wearing this hospital's pin; you ought to know where supplies are."

Years after I graduated I decided to take a course in sociology. The average student in my class was 20. The term had just begun. The nurse next to me, who was writing a letter



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in class, nudged me. She wanted me to read the part she had not covered with a blotter. Her introduction was: "Dear Jack: Here I sit listening to an old fossil of 45 or more. He bores me. I could tell him a few things." An illness during the summer had increased the lines on this teacher's face, but had not affected his ability as a teacher. I received many valuable points from him, which helped me in work with people.

I have no resentment against the younger nurse. We need her. But to-day, when training schools accept academic training and place so little accent on how the nurse should meet, greet and treat people, I wish nurses would take inventory and ask, "Am I treating the older nurse as I would want to be treated were I in the profession 25 years from today?"

MARGARET P. SCHWINN, R.N. WINSTON-SALEM, N.C.

Worth Our I.O.U.?

Dear Editor:

I wonder if nurses in this country have really gone into this matter of government-run medical care plans or are being deluded by the vote-catching talk of taking something from the rich and giving it to the poor by a group seeking to perpetuate itself in office, and by promising more hand-outs at the expense of the already over-taxed and over-bossed American people.

When the Labor (Socialist) Government inaugurated the plan in Britain the people were told that "medicine for all" would be "free,"



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this, of course, is an untruth because contributions by patients to the Health Service alone are \$2,800,000 a week. If this is free service it would be nice to have an estimate of one that isn't!

And where is this amount coming from? Why, from further taxes collected from the very same people who think they are getting something for nothing—people who do not take the trouble, or are too unintelligent, to wonder where it is coming from. Many of these taxes will be hidden, as we find most taxes are, so as to maintain a governmentally created illusion of free service and, I might add, Americans will be taxed more because of the policy of our present administration of bolstering a Socialist government in England. These are

not my figures—the Socialist government in England has given them out.

The whole scheme was devised for votes and is a fraud for it pretends to offer something for next to nothing and actually gives next to nothing for something. The government cannot deliver what it promised. There are not enough doctors. There are not enough hospitals. There are not enough dentures. There are not enough clinics, and there are not enough wigs, it has been stated.

Mr. Cecil Palmer, celebrated British author, publisher and lecturer, was in the U.S. as the guest of the National Economic Council writing on conditions in Britain. Let me quote from one of his commentaries:

"Britain's adventure into socialized



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1. Westcott, F. H.: New York State J. Med. 50: 698 (Mar. 15) 1950. *Patent Pending.

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medicine has already done two things. One, it has changed the status of the doctor. The physician's livelihood, his professional advancement, his first loyalties, all have been commandeered by a new master—the state—which pays him with the citizens' money.

"Two, it has destroyed the relationship between doctor and patient. Despite the solemn assurances of the Minister of Health, privacy as between physician and patient is gone. In a leaflet explaining the new services, and issued to all householders by the Ministry of Health, this assurance is given: 'Your dealings with your doctor will remain as they are now-personal and confidential.'

"Let us see whether the assurance is true. Statutory Instruments 506

and 507 of 1948 create an entirely new situation. Under the heading Terms of Service,' S.I. 506 requires the practitioner 'to keep records of the illnesses of his public patients and of his treatment of them, in such form as the Minister may from time to time determine, and to forward such records to the local Executive Council.'

"This Executive Council consists largely of lay persons. The person who can read your whole medical history may be your neighbor.

"Small wonder, then, that thousands of doctors—and tens of thousands of lay people are in revolt."

Does this look as if the plan was "highly successful"? Would anyone say that the personal and confidential relation with the patient is main-



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ZONE ...

STATE

tained? Is not the government compelling doctors to violate their Hippocratic oath, as many of them feel? And if the physician's livelihood and professional advancement has been commandeered, will not the same thing apply to the nurse? Is this what we want to see established in our own country?

The man behind the scheme here—the equivalent of the British Minister of Health—is Mr. Oscar Ewing.

One can see how certain good, but misguided lay people, in their zeal to be the Good Samaritan, might fall for all this propaganda, but it is difficult to believe anyone in any way allied with the medical profession would succumb to it.

Indeed the totalitarian nature of the whole scheme is so clear that one wonders how anyone of even average intelligence can tolerate it-unless they are admitted Socialists or Communists. For this is socialismthe next thing to the omnipotent state, communism. Lenin, the father of communism, declared, "Socialized medicine is the keystone to the arch of the Socialist State," and no less a person than Mr. Winston Churchill has called socialism the "herald and handmaiden of communism." And if we are to have socialism here in this country why all this hullabaloo and excitement about communism. We might just as well shake hands with "Old Joe" and get together.

Something for nothing! The old appeal is there and people still fall for it, forgetting that there is no such thing in this world. Life is a promissory note for value received

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1 Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Industrial Med. & Surg. 18:512, 1949.



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From this you will gather that I agree with you heartily on your magazine's stand on this subject. But I must make this qualifying exception. You are too genteel in your approach. I think you should "put on the gloves."

Olga Butterworth, R.N. Wallingford, Pa.

Nitwits?

Dear Editor:

As a registered professional nurse, I deplore the existing status of the graduate professional nurse. It hurts my pride in my profession to hear the laity ridicule the nurse—to hear it said the nurse "sits back" and the aide or practical nurse does all the work. Some members of the medical profession no longer call us R.N.'s to signify "registered nurses" but as an abbreviation for "registered nitwits."

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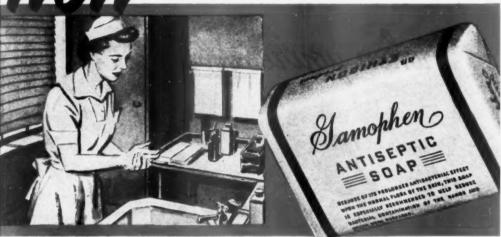
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I am not in favor of the practical nurse in the general hospital commanding salaries or status that almost equal ours, but I can honestly say that they will be looked upon with greater esteem than we, if we are not shaken out of our lethargy soon and if we do not take steps to remedy the situation we have created for ourselves.

It is time to remember that nurses exist to aid the ill, that nursing will always be a human need just as is food. We must give our utmost to sate this need.

(Mrs.) Reba L. Goldman, R.N. Newark, N.J.

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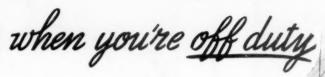
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Two-way electronic radios now bring the classroom to home and hospital-bound crippled children, report two Iowa educators in an article appearing in the *Crippled Child* magazine. In Iowa about 1,000 children have received all or part of their education via this school-to-home equipment. The authors state that its "marked therapeutic values, mental stimulation and emotional release replace the former lethargy and sense of confinement."

*

During 1949 more than 1,200 lives were lost in catastrophes—accidents involving five or more deaths—according to the Metropolitan Life Insurance Co. Deaths occurring in civilian air transportation were only slightly higher than in 1948.

*

A study of 14 cases of so-called non-paralytic poliomyelitis occurring in 1948 and reported by Doctors Curnen, Shaw and Melnick of Yale University in the *JAMA* revealed that 10 of the cases showed evidence of infection with a new virus, first termed the IM virus, now called the C virus. The clinical features of this disease which resembles non-paralytic polio are fever of one to ten days

Science Shorts

duration, headache, nausea and abdominal pain usually on the first day, and later symptoms of stiff neck or back and vomiting. The course of the illness was brief and uncomplicated, lasting about eleven days.

*

A study of physicians' obituaries published in the JAMA in 1949 revealed that heart disease, the leading cause of death, accounted for 41 per cent of the total number of deaths.

*

Progress note on the use of chlorophyll in toothpaste: Dr. Gustav W. Rapp, who last year reported on the effects of chlorophyll in combating tooth decay (R.N., Aug., 1949), said recently that the action of chlorophyll in making an environment unfavorable to enzymes was the factor in both the dramatic lowering of the presence of lactobacillus acidophilus and the inhibition of proteolysis, the breakdown of the protein part of tooth enamel. Dr. Rapp also mentioned that chlorophyll should prove particularly useful in the fight against tooth decay because, unlike many other agents, it is completely nontoxic regardless of the size of the dosage. The proprietary toothpaste product containing chlorophyll is called Chloresium.

*

In oleothorax, a new treatment following removal of one lung, the chest



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in acute and chronic bronchitis and paroxysms of bronchial asthma . . . whooping cough, dry catarrhal coughs and smoker's cough—

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*

The important new earth mold drug, terramycin, was the subject of a recent two-day conference at the N.Y. Academy of Sciences which brought together the findings of 28 research teams. Diseases against which the drug was reported effective included amoebic dysentery, whooping cough, bacterial and virus pneumonia. One report stated that with Rocky Mountain patients spotted fever and murine typhus responded to terramycin treatment with promising results and that the drug showed high protective value against tularemia. Terramycin was discovered by researchists at Chas. Pfizer and Co., Brooklyn.

*

Aureomycin, the golden antibiotic, has recently been shown to increase the rate of growth in animals. Now tests are underway to determine the drug's influence on the growth of malnourished and underdeveloped children.

20

Two American doctors, Dr. D. K. Kitchen and Dr. Charles R. Rein, were in Mexico at the invitation of the Mexican government, to study the possibility of penicillin treatment for pinta, a contagious disease caused by an organism indistinguishable from that which causes syphilis and the tropical disease of yaws. Both doctors had previously carried on work in the treatment of these diseases with penicillin.

Avalanche of Praise Continues for Revolutionary "All-Over" Deodorant Powder!

Degra Chio July 30, 1950 Coty. Inc 730 Fifth aven & new york, Ny Dear Dirs: as the nurse in charge of the surgical floor here. I must be most fastidious at all times. a hearty and sincere Thank you for your wonderful new product. Shakter. I find I can use it with the atmost confidence. (NAME SUPPLIED ON REQUEST)

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Speaks: POLITICAL

■ WE AT R.N. are interested in the nurse, not merely as a member of the professional family but also as a complete integrated person. It is

therefore not out of line with our editorial policy to project this article to each R.N. reader in the sincere hope that individually you will take stock of yourself, explore your conscience, and as a citizen of the United States as well as a member of the nursing profession, help save the American way of life before all our freedoms guaranteed us by the Bill of Rights slip through irresponsible fingers. We are fast losing our enviable heritage, not deliberately, not consciously, but certainly, through unawareness and disinterest in governmental affairs.

Nurses are noted for their isolationist attitude toward many things, particularly politics. Some nurses may be cognizant of the 19th Amendment to the Constitution which, since 1920, has provided nation-wide suffrage to women, but not many exercise their franchise.

It is encouraging to note that a handful of state nurses associations, realizing their handicap in pushing nursing legislation, have in the past few years been flushing the proverbial bushes in campaigns to get nurses out to register. That is the first step in voting, for no citizen in any state can become a qualified voter without registering before a specific date. Singling out nurses as delinquent voters does not necessarily mean that our group is the most remiss in failing to exercise our privilege to vote. It is now a published fact that 48.1 per cent of our adult population failed to vote in the presidential election on November 2, 1948. The incumbent President was elected by only 25.6 per cent of the adult population of the United States.

It can be easily derived that it is not our elected leaders who are entirely responsible for the growing trend in government—a trend that will eventually end with the loss of our most precious freedoms. We the people are equally responsible. The United States Chamber of Commerce states the situation this way: "The government belongs to those who take the most interest in it . . . You are the public. If you fail to voice your views, the government goes ahead and does what it wants to do—or what some articulate group urges it to do."

This editorial is a plea for every eligible R.N. reader to vote in the fall general elections. But before you vote, know the candidates, the

HEALTH-and YOU

issues, and weigh whether what you vote for will give impetus to this country's tendency to be moving further to the left at each election. Democracy and our republican form of government unfortunately is not safeguarded just because you do vote. You must understand what you are voting for to preserve our personal and economic freedoms.

We are faced with grave decisions in this and ensuing elections. Shall it be "security" or "freedom"? Socialists and Communists prefer security—our forefathers preferred freedom. We are fast becoming, as former Secretary of State James F. Byrnes feared, "more afraid of life than death." It is safe to say that not many of you would intentionally endorse out and out Socialist legislation, but inadvertently, because the candidate and the issues are frequently wrapped in pseudo-Ameri-

can labels, you might vote the Socialist party line.

People all over the world have found refuge in this country, and those who studied our government from other shores have envied our way of life. Has it been because our government leaders are elected by the people? Other governments have had popular elections. Is it because of the division of powers between federal, state and local units? France and other countries had experimented with that system before we adopted it. Is it because of our system of governmental "checks and balances"? The British parliament originated that; therefore, it cannot be credited to our ingenuity. However, we did originate the idea of individual freedoms and inalienable rights and incorporated them into our form of government as the Bill of Rights. Washington, Jefferson, Adams, Franklin, all true statesmen, saw fit to restrict the authority of the national government and limit the powers of governmental leaders, but we, by not voting, or by allowing ourselves to be led blindly down the road that leads to socialism, encourage the trend to exchange our freedoms for "compulsory security."

Doubtlessly you are awaiting advice on how to vote. The only creditable advice that can be given is for you to listen to your inner dictates of rightness. Your own conscience, judgment, and intellectual and personal integrity will help you formulate your own political decisions far better than will associates, associations and political pressure groups. And don't allow yourself to be misled by this new "quantitative theory of wisdom" that is rap- [Continued on page 82]



J. M. Mathes, Inc.

■ IT WASN'T so long ago that nurses, doctors, and hospital attendants dressed in their starched white uniforms because of tradition, neatness and comfort and had few uniform worries except to decide on material and style, and to see that there was a clean one ready for work the next day.

In fact, as the manufacturers improved on styles and material, those worries were minor. Today, practically every nurse owns at least one nylon uniform and it is usually her favorite for it is easily laundered, dries quickly, and irons smoothly. No other fabric is so luxurious, looks

as neat nor feels as cool as does nylon. Also, there is usually underclothing of the same material and naturally just about everyone wears nylon hose and wonders how she could do without them.

Now it may come as a surprise to some, but others, through experience, are well aware that there are hazards in those new uniforms. For this reason, the National Fire Protection Association has recommended that hospital personnel not wear garments made of synthetic fibers, such as nylon and rayon, or even silk or wool in operating, delivery and anesthesia rooms or around oxygen

tents. They consider cotton the only safe fabric, and that includes both outer and undergarments.

You say, why all the caution? The NFPA, after lengthy studies, has found that these synthetic fabrics, and silk and wool, have a strong tendency to cause static charges and generate electrical sparks of sufficient danger to ignite the ordinary combustible gases such as ethyl ether, ethyl chloride, etc., that are used daily in O.R.'s and delivery rooms. Considering the large number of anesthesias given, explosions have occurred infrequently, but often enough to become a cause for serious concern. Only recently, although it was thought all precautions had been taken, a woman patient undergoing surgery in a Utica, N.Y., hospital was fatally injured when an anesthetic exploded. The surgeon and scrub nurses suffered temporary loss of hearing and shock; the anesthetist, administering cyclopropane anesthesia, was blown off her stool and her gown was burned. This is only one, but it is typical of the accidents that do occur.

For greater safety in the Catholic hospitals, the Vatican has been asked to give special permission to allow nuns to replace their woolen habits with habits made of cotton. The friction of woolen garments when walking creates a dangerous electrostatic condition.

The NFPA also recommends that shoes with conductive rubber soles be worn and that these be checked with an ohmmeter reading daily to make sure that they are electrically safe. Shoes with ferrous nails that might cause percussion sparks on contact with the floor should not be permitted where combustible anesthetic materials are stored or used.

For obvious reasons, woolen blankets should not be used in the O.R., and the operating table pad should be covered with a conductive material. Electrical equipment such as x-ray, electric cautery, electrocoagulation and others that might cause a spark should be used in the presence of combustible gases only when additional ventilation and special barrier draping is provided. Any electrical equipment that is the personal property of the surgeon should be checked and found free of sparks before being used.

The same precautions should be exercised whenever oxygen therapy is being administered. A "No Smoking" sign is not enough since oxygen may combine quickly with a volatile liquid or gas and form an explosive needing only an electro-static spark to set it off.

In the interest of saving lives through greater safety, modern hospitals are adopting new plans using the current knowledge of the growing scientific field. One plan of safety precaution is the installation of conductive flooring. Use of this flooring is often misunderstood and many times misleading. It must be emphasized that conductive floors are effective only if every object of furniture is proved electrically continuous with the floor and if all

by Dardanella L. Evans, R. N.

personnel are properly grounded.

A simple personnel grounding device is now commercially available. At first used in industry, its value in operating rooms has only recently been discovered. The device consists of a flexible elastic garter, a bead chain and a shoe clamp. It is inexpensive, not uncomfortable to wear, and is quickly and easily put on. It grounds the wearer to the floor positively and effectively.

A new and valuable warning aid has been put on the market for use when dangerous anesthesia is used. This is an instrument which fits on an anesthesia machine and gives a slight buzz in the presence of static electricity, not loud enough to disturb the surgeon, but audible enough to give warning to the anesthetist to remove or ground the person or object causing the disturbance. It is not a substitute for physical safeguards necessary to static elimination.

What are these dangerous anesthetics? The NFPA lists the following: cyclopropane, divinyl ether, ethyl chloride, ethyl ether, ethylene, vinethene and vinyl ether. These agents form flammable mixtures with air, oxygen or nitrous oxide and in many cases become violently explosive resulting in fatal accidents during anesthesia.

It is wise for those who work with or near these agents to review their chemistry and physics frequently. Combustion is caused when a substance is heated to its kindling temperature or brought in contact with a spark, open or electro-static. Gases and volatile liquids are readily combustible due to their low kindling temperature. When vapors accumulate, an electro-static spark or flame will cause an explosion.

Hospital personnel should keep in mind that in the event of fire in flammable liquids, water should not be used as an extinguishing agent. The burning liquid would only float on top of the water and spread to a larger area and probably be uncontrollable at once. The heavy gas from a carbon dioxide or dry chemical fire extinguisher is most satisfactory for flammable liquid fires.

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Before any operation in which an explosive anesthetic agent is to be used, the NFPA recommends that surgeon and anesthetist use their combined judgment to choose the anesthetic and to determine the technique to be used in administering it. The anesthetist should thoroughly inspect and test the machines and masks for leaks before giving the anesthetic. Anesthetists particularly are aware of the dangers of residual ether and the possibility of an explosion originating within the closed respiratory circuit if all parts of the machine are not cleaned frequently. All persons within the operating room area should have clothing and shoes checked before the operation begins. Naturally visitors should be included in this check. Equipment should be tested to be sure it maintains a conductive path to the floor and contact should not be broken throughout the operation.

It is up to the vigilance of the hospital administrative office to carry out a [Continued on page 69]

HEALTH FOR THE HELPLESS

EARLY THIS SPRING, in the steaming port of Karachi, three-year-old Zora Mahamood stood trembling before Norwegian Dr. Eric Roalsgaard. Though she didn't know it, this tiny daughter of a Pakistani government worker represented an impressive statistic. She was the 20 millionth child tested for tuberculosis under a two-year-old program sponsored by the United Nations International Children's Emergency Fund (UNICEF) and the Danish Red Cross. Since that time another 5 million children and young adults have brought the 20-country total to the half-way mark of the program's goal of 50 million.

This important part of the UN's effort to aid the world's children got under way early in 1948, when the UNICEF earmarked some \$5½ million for the Tb. mass-vaccination program of the Danish Red Cross, Norwegian Relief for Europe and the Swedish Red Cross. From Scandinavia have come the shock troops for this campaign: 116 nurses and 85 doctors from Denmark; 24 doctors and 50 nurses from Norway; 15 doctors and 16 nurses from Sweden; and six doctors from Finland. In every country they have entered, this small army of European nurses and physicians have used their skills mainly to train others in the techniques of the campaign which include Tb. tests and BCG inoculations of nonreactors. It has been a cooperative venture. UNICEF has supplied some funds and equipment, the Scandinavian organizations have contributed personnel, WHO has provided technical guidance and the local governments have chipped in with funds, facilities and personnel.

The slow, steady and unheadlined progress of the UN health and child welfare programs are the positive side of the postwar effort toward peace. Some of the money that has made them possible has come from government treasuries but more of it has been contributed by the people in many lands. You can do your part to aid in this world-wide humanitarian work by forwarding your contribution to the UN Children's Fund Committee, New York 16, N.Y.





Seven Sutherland Sisters Eng. by John Held, Jr. Reproduced by permission. Copr. 1930 The New Yorker Magazine, Inc.

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LET'S LOOK AT YOUR HAIR

Thair Problems are nothing new, for the oldest prescription on record written some 3,500 years ago was for loss of hair and, as we know, prescriptions are still being written for treatment of hair and scalp ailments. Care of the hair, loss or lack of it and how to get rid of unwanted hair, still remains as much of a problem as it was centuries ago. And until science is able to explain just what makes hair grow or not grow, it will continue to plague us.

A common hair problem is "falling hair." This is actually a natural process, as hair is shed simply because a new hair is growing below it and pushing it out. Brushing removes the aged hairs when they are ready to fall out and so daily brushing will prevent the ungroomed appearance of fallen hair on clothes.

Falling hair may, of course, mean that baldness will be the ultimate result, but as long as there is a new growth there is no need to worry. Baldness or loss of hair may be caused by a scalp infection, from use of irritating tonics, dandruff "cures," or improper combs and brushes. Many combs have sharp edges and tight angles between the teeth which break the hair and scratch the scalp, opening the way to infection. The wisest selection is a comb with widely spaced teeth, with oval shaped spaces between the teeth.

New hair is not always the same

color or shade of the hair it replaces and thus the phenomenon of gray hair is explained. Hair does not "turn" gray but rather gray hair is simply new white hair, with the shade of grayness depending on the amount of hair replaced.

No one knows why new hair grows out white instead of the previous color but each individual hair usually retains its color from the time it appears on the surface of the scalp until it falls out. Therefore, stories about a person's hair turning white from fright or growing gray overnight must be discredited.

Few people have hair of one color over the entire scalp as can be seen by examination of the hair in sunlight. Therefore, when hair is dyed the color is unnaturally even, without the shadings we associate with natural hair. Bleached hair shows the same uniformity, consequently is easily recognized, for even natural blonde hair is, in most cases, really many shades.

It is not risky to dye hair if it is carefully done by an experienced beautician. A patch test will be made by the careful operator to determine sensitivity to the dve chemical, for a chief danger in dveing hair is the possibility of scalp injury rather than hair injury. Hair injury does occur, however, and is usually the result of application of hair dve over a previous application of dye, particularly when a different type dye is used. Bleached hair or hair that is damaged from too frequent permanent waving had best not be dyed. Allergic reactions of varied types are sometimes caused by using hair dyes.

Another common and annoying hair problem is dandruff or seborrhea. The etiology is unknown but it is generally agreed that lack of proper scalp care does lead to infection. Dandruff may be acquired in beauty parlors where sterilization is not thorough or in millinery shops where hats are tried on by many people.

If the scalp is oily and scaly, warm water and soap is the recommended treatment, and sometimes alcohol is useful in removing the fatty scales. All treatments for dandruff will be useless unless the scalp is treated; therefore, any application of liquid medication or ointment should be done slowly and carefully, parting the hair into small areas and thoroughly covering the entire scalp.

Dandruff of the non-infectious type is caused by excessive oiliness or lack of normal oiliness. The appearance of dandruff is then a sign of failure of normal flow of the product of the sebaceous gland, or the failure to remove this oily product before it dries and hardens. This oily substance is good feeding material for certain germs and thus we have an infectious dandruff.

If the condition is serious, selfmedication is unwise as different types of dandruff will require different methods of treatment. Sometimes there seems to be little difference between ordinary dandruff and the infectious variety, but since the latter can cause baldness, it is advisable [Continued on page 71]

by Herman Goodman, M. D.

VITAMIN ABC's

by Frances Lewis, R. N.

strange though it may seem--accustomed as we are to vitamin ress and radio publicity-there was once a time when vitamins were unknown. In that benighted age, a diet was considered adequate if it satisfied the appetite and contained a reasonably balanced quantity of energy-producing foods and minerals. To the average housewife of that period, vegetables were simply traditional companions of meat on the daily menunothing else. This ignorance of nutritional niceties doubtless'y made her meal-planning easier than that of the modern housewife, but it did not contribute to the optimum health of herself or her family.

Today, thanks to extensive nutritional research, we know that we must have quality in our daily fare rather than quantity. True, we need an adequate caloric intake, but we also need foods that will give us a proper variety of the accessory food factors called vitamins, for these substances, present in minute quantities in natural foods, are known to help the body utilize other food constituents-they are essential to health, growth and even life itself. Although a past generation was not able to benefit from this knowledge, ignorance, extreme poverty and unavailability of certain foods are now the only excuses for otherwise healthy people developing diseases from vitamin deficiencies or avitaminosis.

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The discovery that there were other substances in foods necessary for well-being besides protein, fat, carbohydrate and mineral salts was made by several scientists by means of animal experiments. As early as 1884, a student in Switzerland observed that mice placed on a restricted diet of artificial milk components did not survive, and concluded that "A natural food such as milk, must there ore contain besides these known principal ingredients small quantities of unknown substances essential to life."

The practical experience of the past helped researchers identify these unknown substances, for the first vitamins were found in those foods which had already been used to cure specific deficiency diseases. As a case in point, vitamin C or ascorbic acid was not identified or proved to be the antiscorbutic factor until the 1930's when a crystalline compound was prepared from lemon juice and other substances, but as far back as 1772 Captain Cook prevented scurvy among his sailors by the use of a mixture of barley and sauerkraut. And a few years later, the British Navy adopted the policy of adding lemon juice, or lime juice as it was called, to sea rations-a custom which

^{*}Rose's Foundations of Nutrition, The Macmillan Co., N.Y., p. 189.

led to the dubbing of British sailors as "limies."

For the word "vitamin" we are indebted to a Polish chemist, Casimir Funk, who believed he had isolated from the coating of rice grains a crystalline substance which cured beriberi, a disease characterized by muscle degeneration, loss of sensation and motor function. Because his substance contained both nitrogen and hydrogen-in chemical parlance, an amine-and because it preserved life, he called it a "vitamine." The addition of letters to vitamins was first introduced by Dr. E. V. Mc-Collum, who in 1913 discovered a growth factor in butter and egg fat. Since this substance did not contain nitrogen and had the property of dissolving in fats, it was designated as "unidentified dietary factor fatsoluble A." But this proved too unwieldy even for scientists and in 1921 it was suggested that the term "vitamin" precede the letters. The "e" was dropped from "vitamine" so that no chemical significance would be attached to the term.

Although the word "vitamin" is now strongly rooted in our language, the practice of naming vitamins by letter or according to their ability to cure certain diseases is yielding to nomenclature which takes into account the chemical nature of the substance. Thus scientists prefer to call vitamin B₁, thiamine, and vitamin B₂, riboflavin.

A vitamin which has been shown to have more than one physiologically active component is called a complex. For example, vitamin B complex, originally known as vitamin B, is now known to have 12 and possibly more fractions. Frequently the



vitamins are grouped according to their solubility. Vitamins A, D, E and K are fat-soluble while vitamin C and the vitamin B complex group are water-soluble.

Vitamin A, the first fat-soluble vitamin to be recognized, has two or more forms, the most common of which are A_1 found in the livers of salt water fish and A_2 in the livers of fresh water fish. There are also provitamins of A (yellow pigments) which remain inactive until an enzyme changes them into the active forms of A_1 or A_2 . This vitamin, as well as the fat-soluble vitamin D, is discussed in more detail in *Drug Digest*, page 40.

Formerly called the antisterility factor because it was discovered essential for reproduction in the rat and other animals, vitamin E's role in human reproduction and prevention of human abortion has not vet been determined. The three compounds exhibiting vitamin E activity are the fat-soluble alcohols, alpha-, beta- and gamma-tocopherol, the first of which is the most active. In contrast to other fat-soluble vitamins. this vitamin is stored in the muscles and fatty tissues rather than the liver. Since its importance in human nutrition has not been fully ascertained, the human requirement is not known; however, it is widely distributed in foods, wheat germ and wheat germ oil being its richest sources. Recently vitamin E has been used experimentally in cardiovascular conditions and in retrolental fibroplasia of premature babies.

Vitamin K, the fat-soluble, coagu-

lation vitamin ($Drug\ Digest$, May, 1949) has two forms— K_1 and K_2 (synthetic substances similar to the natural forms are water-soluble). Since vitamin K increases the ability of the blood to clot, it is particularly valuable for the prevention of hemorrhage in the newborn. As a prophylactic measure, it is now routinely administered in many hospitals to mothers before delivery and to infants immediately after birth.

The vitamin B complex contains thiamine or B₁ (Drug Digest, page 40) and many other valuable compenents. B2, or vitamin G as it was called in England, is now known as riboflavin. Slightly soluble in water, this vitamin is found in animal organs, lean meats, yeast, dairy products, greens and the germ portion of wheat, rice polishings, peanuts, sovbeans and fruits. Signs of riboflavin deficiency are cheilosis, a condition characterized by sores in the corners of the lips, and glossitis. As a component of the enzyme system it is believed to be essential in carbohydrate and amino acid metabolism. Daily adult requirements may range from 1.5 to 2 mg., but in deficiency states 3 to 5 mg. three times daily may be prescribed for a prolonged period.

Also acting as an enzyme is another component of the vitamin B family, niacin, previously known as nicotinic acid. The name was changed to avoid its confusion with nicotine, with which it has no chemical or physiological relationship. Niacin was found to cure pellagra, a deficiency disease prevalent in the

South and other areas where poor nutritional standards exist. Pellagra's chief symptoms are red, roughened skin, sores, loss of appetite, burning of tongue, stomach and intestinal inflammation and deranged mental Good pellagra-preventive foods are beef, chicken, pork, salmon, greens, peas, beans, cabbage and spinach. Although the adult daily niacin requirement is at least 10 mg., therapeutic dosage may be 10 mg. or more twice daily. Niacin dosage may cause transitory flushing of the skin but niacinamide, another form of the vitamin, does not produce this effect.

Still another member of the B family, pantothenic acid, has not yet been definitely proved essential to human nutrition, but it may be related to the function of riboflavin.

Pyridoxine, also of doubtful nutritional and therapeutic value, is probably concerned with the metabolism of fats and amino acids. A comparatively new vitamin, biotin, may be essential for the growth and respiration of cells. Other fractions of the vitamin B complex include *para*-aminobenzoic acid (*Drug Digest*, Aug., 1950); inositol; choline, which aids conversion of carotene to vitamin A; folic acid (*Drug Digest*, March, 1950); B₁₂ (*Drug Digest*, March, 1950).

Ascorbic acid, the other water-soluble vitamin discussed this month, is concerned with the formation of an intercellular cement-like substance in many tissues. In cases of vitamin C deficiency, capillary walls, weakened by a lack of this substance, may result in a [Continued on page 76]

Probie



"Don't wake me for anything less than a supervisor."

Drug Digest



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OLEOVITAMIN A, U.S.P.

(Vitamin Therapy)

PROPRIETARY NAMES: Capsules Oleo Vitamin A; Capsules Oleovitamin A; Gelets Oleovitamin A; Capsules Vitamin A—all N.N.R.

PHARMACOLOGY: This natural vitamin A in oil contains not less than 50,000 and not more than 65,000 U.S.P. units of vitamin A in each gram. The precursors of fat-soluble vitamin A, alpha, beta and gamma carotene and cryptoxanthin which are produced in plants, are changed to vitamin A in the animal body. Food sources of the vitamin are fish liver oils, cream, butter, eggs and liver; the last three contain carotene, a substance also found in many yellow vegetables, green leafy vegetables and fruits. Vitamin A, a specific for the deficiency disease of night blindness, has been reported effective in clearing up other deficiency manifestations such as dryness, scaliness and papular eruptions of the skin and a disease of the eyes called xerophthalmia. It is susceptible to oxidation and destroyed by open-kettle cooking and rancidity in fats; drying and wilting of vegetables will destory carotene content. Excess vitamin A is stored in the liver.

DOSAGE: Daily minimum vitamin A requirements are 1,500 units for infants, 3,000 units for children and 4,000 units for adults. In deficiency states as many as 25,000 units may be given two to three times daily for two months or longer.

UNTOWARD ACTIONS: Dosage of more than 200,000 units a day is reported to be injurious to infants.

THIAMINE HYDROCHLORIDE U.S.P.

(Vitamin Therapy)

PROPRIETARY NAMES: Tablets Thiamine Hydrochloride; Solution Thiamine Hydrochloride; Pulvoids Thiamine Hydrochloride; Tabloid Thiamine Hydrochloride, Thiamine Hydrochloride—all N.N.R.

PHARMACOLOGY: Thiamine or vitamin B₁, a water-soluble vitamin, is manufactured synthetically, generally being prepared in a hydrochloride form of white crystals or crystalline powder. In its natural state it can be found in pork, liver, many animal organs and muscles, nuts, eggs, legumes, several vegetables, yeast and whole grains (germ and outer layer of seeds). It is one of the substances added to "enrich" bread. Thiamine deficiency may lead to a disease known as beriberi with symptoms of multiple neuritis and cardiac weakness. An enlarged heart arising from this deficiency is called beriberi heart. Signs and symptoms suggesting thiamine deficiency are loss of muscular strength, impairment of sensation, diminution of reflexes, intermittent pains and circulatory disturbances such as edema and shortness of breath. Thiamine may be prescribed for anorexia, pernicious vomiting of pregnancy, neuritis of alcoholism, pregnancy, pellagra, and in fevers, hyperthyroidism and muscular exercise where there is increased metabolism. Thiamine cannot be stored to any extent in the body and is destroyed by prolonged heating and alkalis.

DOSAGE: Optimum daily intake is 0.4 mg. for infants and 1 to 1.8 mg. daily for adults. Deficiency states call for dosage of 5 to 12 mg. twice daily for a prolonged period. The vitamin may be administered orally or by 1. M. injection.

UNTOWARD ACTIONS: Anaphylactic shock may result from parenteral dosage of highly potent solutions.



Drug Digest

ASCORBIC ACID U.S.P.

(Vitamin Therapy)

PROPRIETARY NAMES: Tablets Ascorbic Acid; Crystals Ascorbic Acid; Tabloid Ascorbic Acid; Crystals Cebione; Solution Ascorbic Acid; Cevex Drops—all N.N.R.

PHARMACOLOGY: Ascorbic acid or cevitamic acid is the crystalline form of vitamin C, a water-soluble vitamin found in lemons, limes, oranges, grapefruit, tomatoes, potatoes, strawberries, raw cabbage, green peppers and other fresh vegetables and fruits. Since it is the most unstable of all the vitamins to heat, oxidation, drying, storage and alkalinity, foods containing it should be cooked for a minimal period in as little water as possible with no soda. Pasteurization of milk reduces vitamin C content more than a fourth. Because cow's milk has only one-fourth to one-sixth the ascorbic acid concentration of breast milk, infants not receiving breast milk and small children should always be given orange juice or some other food rich in vitamin C. A deficiency of this vitamin, essential to the formation of intercellular substance and cellular oxidation, may result in scurvy, inflammation and bleeding of gums, stiff joints, petechial hemorrhage, easy bruising, and slow wound healing.

DOSAGE: Optimum daily intake for infants is about 30 mg., increasing through childhood to 80 and 100 mg. Adults require from 70 to 75 mg. Pregnant or lactating women may require 100 to 150 mg. The infant's protective dosage is 10 mg. daily and the adult's 25 mg. daily. Adult therapeutic dosage may range from 100 mg. to 150 mg. daily. Vitamin may be administered parenterally as sodium ascorbate.

UNTOWARD ACTIONS: None have been reported. Excess amounts are promptly excreted.

SYNTHETIC OLEOVITAMIN D. U.S.P.

(Vitamin Therapy)

PROPRIETARY NAMES: Solution Viosterol in Oil-N.N.R.

PHARMACOLOGY: Synthetic Oleovitamin D, containing not less than 10,000 U.S.P. units of vitamin D per gram, is a form of vitamin D (D₂) found in most fish liver oils. It can be obtained in a pure crystalline state by ultraviolet irradiation of a form of cholosterol. Another form, vitamin D₂ (calciferol) is prepared in the same way from ergosterol. Since both forms favor proper utilization of calcium and phosphorus, diseases due to abnormal calcium and phosphorus metabolism—rickets, infantile tetany and osteomalacia—respond to vitamin D therapy. It is one of the important factors in tooth formation and is frequently prescribed for pregnant and lactating mothers, as well as elderly patients and persons not exposed to sunshine. Vitamin D is found in fish liver oils, eggs, butter, cream and liver and may be formed within the body by exposure of the skin to ultraviolet rays. Like other fat-soluble vitamins it can be stored in the body. It is quite stable to heat, storage and aging.

DOSAGE: Normal vitamin D requirement is 400 U.S.P. units daily. In rickets, 1,200 to 1,500 U.S.P. units daily is indicated with larger dosage for refractory cases. Premature infants may receive double the amount given to other babies, which is generally 1,500 to 2,500 U.S.P. units daily.

UNTOWARD ACTIONS: Excessive dosage may result in calcification of soft organs and appearance of calcium casts, albumin and red blood cells in the urine.



Alex

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of

She Makes Furniture For Fun

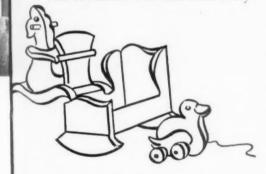
■ IT IS DIFFICULT to say who is more proud—a youngster with a Mary Ericksen rocking horse, or a house-wife who has acquired a piece of Mary Ericksen furniture.

Mary Ericksen, R.N. is supervisor of surgery at the Vallejo General Hospital in California, but as you may have guessed, woodworking is her hobby. Her basement is a complete woodworking shop with all the necessary power tools—band saw, jointer, bench saw, drill press and shaper—where she turns out toys and furniture, both beautiful and utili-

tarian. Made with Scandinavian meticulousness and the best materials, her products, which include stools, lamps, bookcases, tables, book ends, shutters, bric-a-brac shelves, fireplace screens and garden furniture, have a quality of permanence that endears them to people who like fine things.

Mary Ericksen, known to her friends as "Ducky," has soft brown hair, twinkling brown eyes and an unusually charming speaking voice which led one of her friends to remark that it was a shame to waste Ducky in surgery, when her voice would have had such a soothing effect on patients. She also has an extraordinary sense of humor which finds expression in her secondary hobby of cartooning and in droll decorations on her toys.

People frequently ask Mary how she happened to take up woodworking, for it is a rather unusual hobby for a woman. However, anyone knowing her background would consider it perfectly natural for she comes from a Norwegian family in which every member has a creative hobby. Her mother does flawless weaving, petit point and cut steel work as well as the famous Norwegian Hardanger work. Her father is a fine craftsman who has built every-



thing from boats to houses. During her childhood, Mary and her brother Peter were extremely close friends, so much so, that everything Peter did, Mary had to do also. Therefore it was natural, when Peter took up woodworking, that Mary learned right along with him.

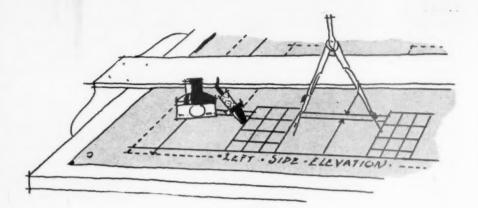
Norway was the birthplace of all of the Ericksen children, but the family migrated to Alaska when Mary was five years old. The only white family in the settlement, they lived on Kodiak Island, a remote, lonesome place-especially in the winter. But the Ericksens were the kind of family that could have fun anywhere on the face of the earth, and a little Arctic cold didn't slow them up. Mary has compiled a book of cartoons highlighting the humorous episodes of her family life during this period. Every summer Sunday they had picnics or went sailing with either mother or father manning the helm. When the rivers froze over they had skating parties by the light of the midnight sun. Everyone got in on the sport-even the baby, who was whizzed over the ice in a baby buggy equipped with runners.

Leaving Alaska for a warmer climate, the Ericksens moved to California in 1911 and settled in Vallejo where they promptly built their own house, with each member helping.

All through high school Mary planned to become a physical education teacher but her older sister, then a senior student nurse, influenced her to take up nursing. After graduating from Hahnemann Hospital in San Francisco where she specialized in operating room technique, she was employed in the Hahnemann surgery for seven years, and in San Francisco's Dante Hospital for 12 years, the last eight of which were spent as supervisor of surgery. Returning to Vallejo she opened the New Vallejo Community Hospital surgery.

In 1945 she entered the U.S. Army Nurse Corps and served as the chief surgical [Continued on page 74]

by Helen Ellsberg



Nurses Get into the Hospital Act

■ WHERE IS THE NURSE who hasn't at one time said, "Why did they build the hospital this way? Now if they'd asked me..."

Well, now nurses are being asked. Under the nationwide hospital construction program which was launched by the federal Hospital Survey and Construction Act of 1946, nurses participate not only when the building comes to life with patients but in the blueprint stage of hospital planning as well.

Nurses were a little slow in demonstrating their place in these state-administered construction programs. Some did not know about the Act and others undoubtedly were discouraged by individuals who did not understand what nurses could do. Sometimes, unfortunately, nurses felt that they were not competent enough to participate on the level of planning required. One important factor, of course, was that there were no schools or special courses available

for hospital nursing consultants.

However, as the states developed their plans, problems and questions arose which made it clear that nurses as well as other planning specialists had a practical contribution to make. Gradually, it was discovered that nurses appointed to state agencies and other planning groups brought with them a rich variety of hospital experience. The agencies first used hospital nurse consultants to help them in the physical planning of hospitals but later nurses became valuable sources of reference for general nursing questions, and most recently they have been called upon for consultation on the management of hospital nursing services.

Since the main purpose of planning hospital facilities is to provide safe and adequate care for patients with the least effort and cost, hospital requirements are not merely based on the whims and personal desires of the doctor, nurse or other

The Hospital Survey and Construction Act of 1946 authorized the Federal government to spend \$75 million annually for a four-year period in order to defray one-third of the cost of approved hospital construction in various states. Under the liberalizing amendments of 1949, the program was extended to June 30, 1955, annual appropria-



tions were doubled from \$75 million to \$150 million and the Public Health Service was called upon to assist in the development, utilization and coordination of hospital services, facilities and resources. However, in line with other government retrenchments necessitated by the present military emergency, the appropriation recently has been cut back to the \$75 million figure for the current fiscal year. The federal funds provided by the Act are funneled to the states through established state agencies and construction schedules are prepared annually by each state on the basis of priority of need. At the end of April 1950, there were 1,287 approved projects, 631 of which were under construction.

hospital specialists. Well meaning planners deplore long corridors because of the "nurses' aching feet." There is general agreement that long corridors are undesirable, but concern for the nurses' feet is only one of the reasons for avoiding long hallways. More important is the fact that patients may not receive the most efficient care when nurses have to trudge long distances to reach their bedside or to get equipment. Facilities planned for the best possible patient care must make the work of all hospital persons easier and more pleasant if they are to operate effieiently. When physicians, nurses and others are spared effort through reasonable conveniences and workable equipment, the patient receives better care in a happier atmosphereand quite possibly at lower cost to him.

Sound planning results from an understanding of how the facility is to be used and why it will be used in that way. For example, locating the central supply department nearest the areas using it the most is practical in terms of good and safe nursing service. The same common sense must be applied to the planning of storage space for litters, placing handwashing facilities where they can be used, providing refrigeration for biologicals in the nursing stations, and locating floor pantries, utility rooms and medicine rooms in spots

by Louise O. Waagen, R. N.

Chief Nurse Consultant, Federal Security Agency, Public Health Service, Division of Medical and Hospital Resources, Washington, D.C. which are readily accessible to all.

When nurses are not consulted on planning strategy, the hospital is apt to suffer from sins of omission. For example, in one hospital and probably others, plans have been drawn up supplying lockers or closets for private patients but none for the ward patients, who, as nurses well know, also have coats, suiteases and a multitude of other belongings.

Once the building has been eased through the blueprint stage, the problem of equipment and supplies looms into view. It is much easier to recommend equipment for a specific situation than to prepare a general overall guide, for local medical and nursing practices affect the type and amount of materials needed. Hypodermic procedures differ from hospital to hospital and provision of wrappers or containers for autoclaving syringes and needles, watch glasses for dissolving tablets, containers or packs for sponges will depend upon the method adopted.

Preparation of equipment lists requires fine-combing every nook of the hospital to ensure inclusion of all necessary items, for it is the obvious that is so very frequently overlooked. One group of nurses working on such a list had included everything from lifting forceps, trochars, catheters and binders to kidney basins and irrigators but had omitted perineal dressings.

As new hospitals are completed and the day for patient admissions approaches, nurses are asked to assist in the opening of the hospital. The problem of staffing all the hospital departments is a thorny one. Administrators are difficult to find and in many instances persons appointed to the position of hospital director are men untrained in hospital administration, or nurses who have had no special experience in running a hospital. Since about 50 per cent of all general hospital personnel are employed for the nursing department, total staff needs for nursing service are greater than most inexperienced administrators anticipate. Determination of total nursing service needs, with adjustments for 24-hour coverage, can only be made realistic and economical by experienced nurses who advise on safe and practical ratios of professional to non-professional personnel, qualifications required for appointment, and methods of procurement.

In the process of consultation, nurses have learned the amazing cost of hospital construction and the expense of operating hospitals. Nationwide, the average cost of construction is \$13,000 per bed. This average includes equipment, construction and fees but does not include land, or supplies such as dressings, food and drugs. As for operating costs, 60 per cent of the hospital's total [Continued on page 84]



by Sugarne Chapman

SHOP TALK . THE NEWS . QUESTION BOX

BY WAY OF INTRODUCTION

We know that you have so little time to call your own—that it's our idea to be a personal shopper for you. To save you hours and effort, we'll spend the hours shopping around, reading the fashion reports, seeing designers and manufacturers, talking to store buyers. We'll weed out the "maybe's" and settle for nothing less than the sure things! And we'll interview nurses as often as possible to get your viewpoint on professional fashions.

to see you in this uniform! Mandarin collar, double row of buttons, soft center pleat. By Barco of California in combed sanforized poplin. Comes with short sleeves, if you prefer them. Sizes 10 to 18. Also in easy-to-carefor nylon at \$14.95.

SHOP TALK

THE NEWS: Professional Uniform,
Dressmaker Touches

THE PRICE: \$8.95

You're the authorities on uniforms. So we'll check off the virtues important to your needs and comfort-action back, good fit. But if we were the patient, we know we'd be cheered





THE NEWS: GERMICIDAL a d FUNGICIDAL HOSIERY

THE PRICE: \$1.25 and up.

There's quite a story behind "germasized" hosiery—the stockings that offer protection against contact infection as well as serviceability and good fit. It took years of research, tests on live animals, wear tests, wash tests, finally a field test conducted on more than two hundred nurses. Continual check-tests are being made today to assure the maintaining of the original properties. Nurse Wear Hosiery Company makes these stockings in nylon, cotton, rayon . . . sheers to service weights. White, black, gunmetal.

THE NEWS: F-L-E-X-A-B-I-L-I-T-Y

THE PRICE: \$13.95

Did you know that on duty, graduate nurses walk about five miles a day? And that student nurses (more prone to wasting steps) average 10 to 15 miles a day? It's a fact, from statistics obtained at Hahnemann Hospital, Philadelphia. You owe it to yourself to buy the best shoes you can find! These, by Avon are hand sewn, flexible, yet built for support.



They're also well-heeled, neither too high nor too low. They fit sleek as a glove!

Please Note:

That we don't believe in extremes in fashion—they're for women with dollars to waste and no regrets.

That no fashion, however attractive it may be, is good fashion if it

doesn't look good on you, or if it doesn't belong to your way of life.

That everything appearing in this fashion section has been checked for the Big Three—Style, Quality, Value.

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Fashion Investment

separates!

THE NEWS: Drop Shoulder Blouse, Unpressed Pleat Skirt

THE PRICE: Blouse \$10.95 Skirt \$12.95

This is an outfit you can count on. It's becoming, easy to wear. It's right for most every occasion. The skirt and blouse lead a life apart—switching with other pieces in your wardrobe. The outfit itself changes moods with accessories. Try a silk scarf (\$1.00 in any store) tucked in one pocket. Or add your own wide belt. Or dress it up with a velvet hat (we show one on page 51), velvet gloves, maybe pin on a jewel. Designed by Cabana in worsted wool jersey. Black, brown, lime, navy, red, heather-grey, moss green, orange. Sizes 10 to 18.

Distinction at a price!

THE NEWS: Two Tones, Two Textures

THE PRICE: \$39.95

To show you that taste has no pricetag, here's a suit that looks a million, costs \$39.95. It's trim and curved, basic, yet exciting. And it is timeless enough to look just as good next year! Needlepoint wool, pointed up with smooth wool. The tiny collar is convertible, the skirt gently gored. Designed by Sacony. Write in for color combinations. Sizes 10 to 20.



THE NEWS:

Jucks!



This is what we call an all-around blouse. The wing collar makes an interesting show under suit necklines. And when you doff your jacket, the blouse is pretty on its own! It's paved with tucks (that are stitched in to stay) and sweetened with butterfly cuffs. You might give it a personal touch, your monogram on the collar! A Bryn Mawr Classic in tissue rayon faille, Hand-washable. In fact, the shoulder pads are rubberized so they wash along with the blouse! Sizes 30 to 38. White, black, and a rainbow of colors.

For the Money!

THE NEWS: Versatility

THE PRICE: \$10.95 plus tax.

Think of it! You can start the day with a sleek faille clutch bag. Comes an unexpected date, off with the cover, you've a complete satin bag beneath.

Or you can reverse the cover—velvet side up! (And if you're handy with a needle, you can make covers of your own.) Designed by Ingber, and one wonderful buy! Black, brown, navy.





THE NEWS:

Wolvet!

THE PRICE: \$6.00

How we searched for a hat that would be tailored enough for a suit, vet dressy enough for a date. This is it-the happy medium!

An easy little cap with an off-the-face brim, a one-side curve, and a rhinestone sparkler. And velvet does things to skin tones! Designed by Betmar in sooty black, deep brown, midnight navy. Small, medium, large.

L U X U R Y THE NEWS: Cashmere with Nylon

Looks

Here's the way to satisfy a champagne taste on a burgundy pocketbook. Instead of taking your cashmere straight, mix it with nylon. You not only get the fabulous cashmere look, but extra wear, lighter price. And it's farewell to bothersome stretching after each laundering, for these sweaters hold their shape! Fullfashioned. Knitted by Glasgo Ltd. of U.S.A. Pullover, sizes 34 to 40; Cardigan sizes 34 to 42. White, natural, navy, dark green, and pastels.

THE PRICE: Cardigan \$14.95 Pullover \$10.95





Guess How Much?

They're year-round suits. The clean lines are built in, not merely pressed in (that's something you discover in the wearing, after countless cleanings). You can dress them up or down with blouses, scarfs or jewelry. Since they are unlined, you'll find them completely bulkless under your coat. Tailored by Handmacher in a Celanese rayon suiting that stubbornly refuses to wrinkle. Sizes 9 to 15, 10 to 20. How much? Only \$25.00.

Deauty Corner

When it comes to grooming you have the advantage over most women—for neatness is your habit, and neatness is the major share of good grooming! You know the value of hair brushed 'til it shines, skin fresh and clean, hands smoothed with lotions, fingernails trimmed. But here are some make-up tricks the models use—to be followed with discretion, for make-up is an art and you should be a subtle artist.

- I. Start with a clean face.
- Lightly apply a base about one half shade paler than your skin.
- 3. Dust on a powder that matches your skin tones.
- If your face is round, place rouge high on the cheekbones.
- 5. If your face is long, rub a faint dab of rouge into your chin.
- Darker powder on the tip of a nose seems to shorten it—on the side of a nose seems to narrow it.
- 7. Carefully wipe off excess make-up.

Warning! Try these tricks under brightest lights possible to make sure they are not visible to the eve—across a table for two!

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QUESTION BOX

Want to know what clothes to take on your next trip? Send in your questions. We'll answer all we can, and publish two letters with the answers each month.

For names of stores nearest you with fashions covered this month, write:

Suzanne Chapman, Fashion Editor R.N. Magazine Rutherford, New Jersey



CANDID COMMENTS -

GROWING UP

■ THE NURSING PROFESSION needs what the whole world needs-a greater maturity on the part of more of our people. We need more people with a sense of social responsibility, more who have thought deeply and intelligently, more who can think of nursing, not as a source of jobs, but as a service organized for the public good. "The prerequisite to maturity is a sense of responsibility," says Willock in Integrity. Every objective we have in education, legislation, economic security and similar areas, must be thought and worked out on the basis of its meaning to the public as well as to the profession and its members. Otherwise there is no real health in it.

The job of the nursing profession is steadily growing bigger. In a world in which many of the old policies and philosophies do not fit, nursing, along with every other group, is undergoing rapid change. It has a major, highly responsible role to play in the community. Its task, growing larger daily, is first to integrate from within, and second, to integrate into the enlarging life of the community.

Nursing has many needs; however, our biggest need is not to set the standards and find the wherewithal for better nursing education, nor is it to provide economic security for nurses. These and our other sound objectives are dependent for fulfillment upon one that transcends all others—our individual determination to grow big along with our chosen profession.

We need more people who can examine proposed changes with open minds-minds that know that life is a constant series of changes and that there can be neither growth nor health without change. When steam was introduced into the manufacture of things, many handworkers lost their jobs, but only temporarily. Shoes, for example, once produced by hand and therefore costly, now were produced cheaper and more abundantly by machines. More people could afford them so more people were employed in the making of shoes. The handworkers adjusted to a new way of work.

We are, of course, not alone in this need for increasing our mental and emotional statures. The growing pains of the world about us, evident in the confusion and fears, and the struggles between opposing forms of government, are signs of the need for new ways of solving problems. They show the need for a maturity that helps us understand why we

by Janet M. Geister, R. N.

have wars, and cuts through old prejudices, traditions and customs to a saner, wiser way of handling problems between peoples. There is a growing conviction that wars, even as smallpox epidemics, can be prevented.

The need for a greater maturity in us has brought out one stark fact. The individual must participate to a greater extent. The statesmen can outline plans, but alone they can not solve the problems, any more than doctors alone can prevent an epidemic. The people must share the task. Our average person must take a greater part, one born of a mature sense of responsibility.

Some of our American people have accepted this new role. Through clubs and forums they are seriously working to get an understanding of the races of mankind, the principles of good government and the lessons of brotherhood and justice taught by Jesus, Plato, Socrates and others. These are signs of maturity. On the other hand, some of our people, confused and unwilling to discipline their minds and souls, have taken an opposite course. They simply ignore any personal responsibility and, like butterflies, live for today. Until the majority understand and help with the great issues before mankind, we cannot hope to work out the right answers for security and peace throughout the world.

In nursing we have new evidence of a constructive uprising of nurses who are thinking, and who have found the courage to speak their questions and convictions. They recognize an obligation beyond that of self. They want a say in the decisions, and they are willing to earn the right to it through reaching out with their minds and spirits. These are the signs of their maturity.

The American people want more nursing and more kinds of nursing. Changes not only in our education and techniques, but in our very systems of work are therefore inevitable. The good nurses who fear that new systems will dislocate, even remove them, should move closer to the scene rather than away from it. They have wisdom and knowledge that always will be needed, and they have a right to help make the decisions. Those who forge ahead ignoring these facts may find themselves moving in the wrong direction.

Movement isn't necessarily progress. People do go off on tangents, lost in admiration of a new idea, uncritical but deeply eager to be among the first on the shiny new bandwagon. We see some adopting the impressive and bewildering vocabulary of the new "ism" with little idea of what the words mean. To offset them we need the die-hards, the middle-of-the-roaders and the real progressives. Together these groups can work out the compromises that all must make. Change means compromise. Mass production of refrigerators, launderettes, motor cars has brought untold blessings, but it has also put workers on the assembly line. Shall the compromise be a return to handmade products or a reduction of the impersonality and monotony of the assembly line? Happily, industry is adopting the latter course.

Maturity isn't measured by calendar years but by our ability to figure things out with informed and objective minds. "An educated person," savs Mildred McAfee, "is one who thinks more than is necessary for survival." I believe this defines a mature person too. The immature person lives in a world bound on all sides by personal wants. The mature man sees himself and his work in relation to the whole. He knows that justice is more than a means of personal survival, for the root of social justice, says Overstreet in The Mature Mind, is "the power to feel another's hurt, and to want to heal that hurt, to sense another's need and to want to satisfy that need."

Feeling the need, however, isn't enough. "The simple fact is," continues Overstreet, "that social justice requires of man a fuller growth out of the egocentricity of childhood than he has vet achieved." This growth brings with it the ability to reason, for only through reasoning can we evolve a sense of order to life and its purposes. "Man is at his best when he exercises the power of reason."

Science, lavish in her gifts, takes toll for each of them. We speed ahead in our motor cars and lose the beauty and reflection of long walks. Something of this is true about every gift. Science can be almost deadly in its retarding effects on our maturity, for it figures things out for us. The laboratory says, "Here is the truth," and we accept the dictum without question. [Continued on page 80]

BOOK REVIEWS

Saints, Sinners and Psychiatry—



by Camilla M. Anderson. M.D. A practicing psychiatrist presents an analysis of the psyche as a key to understanding and appreciation of

human behavior and its many problems.

Suggestions for Content and Instruction in Orthopedic Nursing -



prepared by the National League of Nursing Education. A basis for instruction, examples of courses and a valuable list of text and

visual-aid material for instructors' use.

Textbook of Healthful Living -



by Harold S. Diehl, M.D. Personal hygiene plus the latest on preventive medicine and community health, and although it reads like summer

fiction, it is fact-packed and useful for reference and review by all nurses.

Keeping Idle Hands Busy -



by Marion A. Spear, O.T.R. Inspiration on what-to-make with corks, feathers, saplings, tin cans, envelopes and hundreds of other inexpensive or generally discarded but useful materials.

The Merck Manual of Diagnosis and Therapy —



Now includes World War II medical experience, antibiotic therapy and uses of other new drugs. A handy, concise book for quick reference on

disease, symptoms and treatments.

[Names of publishers and prices are available upon request. - THE EDITORS]



Reviewing the News

- ▶ TRAGEDY STRUCK the hospital ship Benevolence when it was sunk a few miles from the Golden Gate on August 25 after colliding with a freighter. Navy nurse Wilma Ledbetter, Chillicothe, Tex., was one of the passengers who lost their lives in the disaster. Ten other Navy nurses, lashed together and clinging to an improvised raft until help reached them, survived the cold waters and floating timbers.
- ▶ AN URGENT CALL has been sent out for 45 civilian nurses needed immediately for duty with the Department of the Army in Japan. O.R. nurses, anesthetists and general duty nurses are requested. For further details write or call the Overseas Affairs Branch, Department of the Army, Civilian Personnel Division, 139 Centre St., New York 13, N.Y.
- ► FIVE-DAY STRIKE by Israeli nurses early in July was in demand for a 42-hour week during the summer months, higher family allowances and more leave. When the strike was outlawed by the General Federation of Labor, the nurses agreed to return to duty and the Federation presented the nurses' de-

mands to the government. It was understood that the requests on leave and pay would be granted but the shorter working week could not be given because of the shortage of nurses.

- A NATIONAL LIST of the state-approved schools of nursing and nationally accredited programs, and the 1949 Interim Classification of nursing schools are contained in a booklet published by the Committee on Careers in Nursing. Copies of the booklet have been mailed to nearly 28,000 high schools by the U.S. Office of Education and are being distributed by the Committee to all recruitment groups, schools of nursing and hospitals engaged in the 1950 recruitment program to enroll 50,000 first-year students.
- ► ACCORDING TO SURVEYS reported in the 1950 hospital number of the JAMA there was an increase in 1949 of 3,175 in the number of professional nursing personnel in hospitals, bringing the new total up to 199,295.
- ► KOREAN CASUALTY rate of recovery is even higher than in World War II, due chiefly, says Maj. Gen. Edgar Erskine Hume, Far Eastern Field Surgeon, to the constantly superior care given to the wounded

from forward units through the evacuation chain to general hospitals.

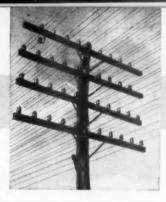
► WOMEN AND WAR: Off-therecord sources state that difficulty in securing nurses for Army, Navy and Air Force is greater than officially admitted. It was not unexpected then that an Army appeal for 650 nurses, directed chiefly to those in the Reserves, met with lukewarm reception. As of September 8, only 142 nurses had volunteered for duty and these were reported to be mostly younger women not in the Reserves. Colonel Verena M. Zeller, Acting Chief of the Air Force Nurse Corps, said that the response to that service's request for nurse volunteers was satisfactory but disclosed no numerical information other than that the approximate total of Air Force nurses-most of whom are engaged in air evacuation duty-is now over 1,200 . . . Since the supply of nurses must keep proportional pace with the rapidly increasing number of men in the armed forces, it is not surprising that rumors of a nurse draft are once again making the rounds. If the reluctance of nurses to get into uniform continues, it may be more difficult than in World War II to hold the line against such a draft. Although the ANA has officially opposed the drafting of nurses unless there is a Selective Service Act for all women, this may well be an empty gesture. The possibility of calling up all women is far more remote than a draft of vitally needed specialized groups, and professional nursing has already been placed on the list of critical occupations. The speed with which doctor draft legislation was enacted is evidence that the armed forces can get what they want. In some quarters too a parallel is being drawn between doctors who received their medical education at government expense during the last war and nurses who also received training under Cadet Nurse Corps legislation. Since ASTP doctors can now be drafted, they say, why not former Cadet nurses? . . . Another hastily passed bill, H.R. 4384, allows the Army and Air Force to commission women physicians and dentists so that they will serve on the same basis as men officers. The Navy, which so far has successfully resisted efforts to give its women doctors such status, will continue to commission them as Waves.

- ► A PREVIEW of the program of the newly-founded Health Information Foundation was given by its president, Admiral W. H. P. Blandy, who revealed that HIF would conduct pilot community health studies, promote local efforts to train more physicians, dentists, nurses and auxiliaries and help to establish more diagnostic centers, public health facilities and hospitals. Another aim of the Foundation is to gather and disperse information with a view toward stimulating membership in voluntary prepayment medical care plans.
- ► CAPITOL COPY: Resembling World War II Cadet Nurse Corps' legislation, but with certain important differences, the bill, H.R. 9435,

introduced by Rep. Lane of Mass., is opposed by many nurses on the ground that its enactment would lower nursing standards. The bill provides for training of nurses for the armed forces, governmental and civilian hospitals, health agencies and defense industries through federal grants to institutions giving student nurse training, or postgraduate or refresher courses. Under its provisions, there would be no discrimination against any institution on account of size, number of nurses employed or student nurses training therein, and the head of any department, establishment or other federal agency would be authorized to request and accept transfers of student nurses to any federal hospital operated by his agency and to provide for continued training. Although it is doubtful whether the bill will come up at this session of Congress, the ANA has asked to present testimony should hearings be held . . . Under pressure from the military services, AMA, ADA and the Department of Defense, the doctor-dentist draft bill, S. 4029, passed Congressional hurdles in record time. The legislation, which will enable the armed forces to reach the hitherto untapped source of doctors and dentists trained at government expense during the last war, requires all physicians and dentists who have not reached the age of 50 and who do not belong to the Reserves, to register under Selective Service. Unless they are in the Reserves, veterinarians, optometrists, pharmacists, osteopaths and/or other specialists must also register if the

President requires them to do so . . . President Truman's signature on the final compromise Social Security bill makes it a public law. The expanded coverage, which will bring many nurses into the Act (R.N., Sept.). will go into effect on Jan. 1, 1951 . . . The ANA's hopes for federal grants to nursing education were dashed when Rep. Biemiller's newest bill, H.R. 9508, providing construction and equipment grants but not scholarships, was tabled by the House Interstate and Foreign Commerce Committee. Rep. Biemiller minced no words in attributing the failure of his bills, which had received Presidential approval, to AMA lobbying. The ANA now reports that its own bill requesting federal aid will probably be introduced at the next session of Congress . . . A bill, H.R. 9501, sponsored by Rep. Hare of South Carolina, providing education for doctors and dentists in preparation for the armed forces, may be amended to include nurse education . . . At this writing the Bolton Bill for commissioning men nurses has not been reported out of Committee, but with no opposition it is expected to be passed by Congress before adjournment date . . . There is a rumor that President Truman will elevate the National Security Resources Board from its present advisory capacity to an administrative one. It is understood that the Health Resources Office, established as one of the nine major offices of NSRB and charged with practically all of the responsibilities in the health fields, will take leadership in [Continued on page 62]

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Calling all Nurses

Grads of Class of 1920, Lincoln Hospital, N.Y.C.: Will all who are interested in a class reunion in October or November contact Mrs. Natalie Marriott VanReid, 42 West 120 St., Apt. IC, New York 27, N.Y.

Joan McManus: Would love to hear from you after all these years. When we graduated from high school you entered St. V.H.S.N. and I entered W.M.H.S.N. Remember? Please write, Emily H. Schur Krieger, Lake Beseck, Rockfall, Conn.

Grads of Lutheran Memorial Hospital, Newark, N.J.: Notify Mrs. L. Sylvan, 1821 Manor Drive, Union, N.J., immediately on any change in present address.

Barbara B. Schooler: Have been trying to locate you for three years. The last I heard you were leaving for Japan. Please write to Jeraldine Burritt, R.N., 519 Woodstock Ave., Stratford, Conn.

Attention Older Grads: Rochester General Hospital believes that Mrs. Anna Conroy Perry, a graduate of Rochester's second nurses training class in 1884, is the oldest living graduate nurse in the U.S. She did private duty nursing for about fifty years which is believed to be a record. Are there any contenders? Write to Estelle R. Benton, 67 Dorchester Rd., Rochester, N.Y.

Grads of Methodist Hospital of Southern California: Will anyone knowing the whereabouts of the following graduates please write to Leona J. Crouch, R.N., corresponding secretary, Methodist Hospital Alumnae

Association, 3121 Perlita Ave., Los Angeles 39, Calif.: Dorothy Forbes Doyle, 1925; Mae Scriven, 1925; Marjorie Jackson Wills, 1926; Bertha Hodel, 1927; Thelma Lewis, 1927; Mary Weaver, 1927; Helen Woodward, 1929; Pauline Fry, 1930; Viva Parks, 1930; Margarat Embree Davis, 1927; Katherine Williams Olson, 1931; Marie Hantz, 1931; Esther Heller, 1931; Margaret Lucille Wagner, 1932; Winona Payne Black, 1924; Merle Dunham Thomas, 1915; June Moller, 1927; Cesia Pun, 1930; Mrs. Rose Harbeson Knickerbocker, 1930.

Clara Lockard: Last heard from you when you were a night supervisor in a Pittsburgh, Pa., hospital. You were planning to marry and go West. Please write. Evalene W. Stover Casson, 241/2 N. Washington St., Tiffin 7, Ohio.

Helen Warner: Do not have your new address. Please write, Mrs. Sally Kerr Page, 24151/₂ F St., Sacramento, Calif.

Wanted: Copies of The American Journal of Nursing for the library of the new Research Hospital at Galesburg, Illinois. If anyone has copies which can be spared and wishes to donate them to help establish the nursing library in that hospital, it will be greatly appreciated. Please contact Miss Mary L. Weston, Asst. Hospital Nursing Consultant, Department of Public Welfare, 628 E. Adams St., Springfield, Ill.

Veteran Nurses of World War I & II: The Brooklyn Nurses Post 967, American Legion, is having a drive for new members. Join and get re-acquainted with the girls you met in service. For further information write to Irene A. Murphy, 86-23-107th St., Richmond Hill, N.Y.

CATASTROPHIC COVERAGE

6

■ HOSPITALIZATION INSURANCE policies providing payment for all costs of the care of patients with poliomyelitis or other "dread" diseases are one of the newest developments in the accident and health insurance field. Due to the popular demand for this "catastrophic coverage," there has been a steady increase in the number and variety of policies offered since the first policies were issued three years ago.

The Lumbermens Mutual Casualty Company of Chicago now offers a three-vear poliomyelitis policy for an average size family for \$10, paying benefits for each case up to \$5,000, including nursing services, doctors' fees, hospitalization, special treatments, medicines, transportation and ambulance charges. Associated Hospital Service, New York's Blue Cross Plan, recently announced that hospitalization benefits covering poliomyelitis were now available to its members, with full benefits extended for 21 days following hospitalization for the initial acute stage. In addition, members are allowed discount benefits for nine more days with further benefits if post-polio surgery is required.

But poliomyelitis isn't the only disease to receive coverage. Some companies now offer "dread disease" and "catastrophic" policies that cover

conditions such as measles, diphtheria, meningitis, scarlet fever, tetanus, leukemia. encephalitis, rheumatic fever, Hodgkin's disease, severe burns, brain tumors and even cancer. The California Physicians Service, which has introduced "catastrophic coverage" for polio, cancer and 21 other long expensive illnesses, at a cost of \$1.95 per month for a family of three or more, pays for full medical care of these diseases, giving in addition to the regular service, all excess up to \$5,000 or two years' service.

These new policies may be written on either an individual or on a family basis but the greater number requested thus far have been for family coverage and the largest volume of premiums written is for polio coverage only.

In order to promote maximum enrolment in voluntary plans and in view of the popular demand for this type of coverage, the Associated Medical Care Plans has arranged to distribute information on the California experience to all State Medical Care Plans. Also, the Insurance Economics Society of America reports that private insurance companies have set up a Special Risks Committee to study "catastrophic coverage" as a possible partial solution of the medical care problem.

The Doctors Salute the Nurses of America:

FRÉEDOM IS) Un the March!



America is proud of its freedom! It is justly proud of the free enterprise that has made it the strongest, the healthiest of all great Nations. And the Nurses of America can well be proud of the vital role they have played in making our country's health care structure the finest on earth.

In much of the world today, freedom is on the defensive. In America it is on the march! In countries where the people have resigned from the responsibilities of managing their own lives, the reward has been the false, tragic "security" of regimentation, of slavery. In America the people have emphatically reaffirmed their belief in human dignity, human freedom.

A MANIFESTO OF FREEDOM

Side by side with the medical profession, Americans by the millions, through 10,000 responsible public organizations—farm, business, religious, women's, hospital and civic groups—have registered strong opposition to Compulsory Health Insurance.

In one of the greatest economic movements in history more than 70 million Americans, on their own initiative, have sought the protection of Voluntary Health Insurance—the budget-basis protection against the major costs of illness.

Both medical and commercial sponsors are working constantly to improve and extend the Voluntary prepay plans—and to include additional services and facilities.

The Nurses of America are a living symbol of service to humanity. Together, all of us—nurses, doctors, teachers, technicians, laymen—will maintain the freedom of the medical profession, of all professions, in the sincere conviction that—



NATIONAL EDUCATION CAMPAIGN
AMERICAN MEDICAL ASSOCIATION

News

[Continued from page 58]

any possible future allocation of physicians or nurses on a civilian-military basis. The Health Resources Advisory Committee of the NSRB, headed by Dr. Howard A. Rusk, has as its nursing representative, Mrs. Ruth Kuehn, Dean of the School of Nursing at the University of Pittsburgh.

► ATOMIC ATTACK preparedness proceeds steadily at a stepped up pace, covering wider and wider areas. The UN has made provision for voluntary blood typing of its 3.000 Secretariat members and identification cards with pertinent information will be placed on record with the UN Health Service. The New York Times, New York Herald Tribune and other newspapers throughout the nation are running series of articles citing details for the protection of the individual, and effects and proper counter measures of an atom bomb blast. The U.S. Atomic Energy Commission's book "The Effects of Atomic Weapons" is predicted to be heading for the best seller list. Possibilities among defense measures are blood typing and tetanus immunization of the entire population. A 15-cent handmade blood typing kit is being studied by the AEC. In New York, nurses plan to set up a chain reaction system of their own. Nurses from each district who attend the training courses for care of atomic casualties will train other nurses who in turn will instruct other nurses. More than 15,000 doctors and 30,000 nurses have become part of New York City's emergency medical service for volunteer defense duty. Atom bomb shelters are being discussed as a necessary part of any new hospital constructed. The American Red Cross has begun a re-organization of its blood bank facilities in order to protect citizens in case of atomic attack. It has been estimated that one serious wartime disaster in a large American city today would require the nation's complete stock of whole blood. In charge of the development of medical policies and techniques of the new program-now independent of the ARC's general medical set-up-are leading hematologists. Cooperating in the endeavor

Her Patients Say

she's the sweetest nurse. She says she stays that way eating right, sleeping long—and keeping NoDoz Awakeners handy for fatiguing emergencies. You can fight fatigue too, with NoDoz Awakeners.

Each NoDoz Awakener contains only caffeine—no more than a cup of coffee, only quicker—acting and easier to take. Gives you a lift without a letdown.

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Laboratory chart tests show more whitening power with Griffin Allwite. Actually doubles in whiteness as it dries.



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Look at the cleaning cloth for the evidence - Allwite shoos away dirt like magic.





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Welles Foamtreads air bubble sole breathes with every step, like walking on air. Built in arch-support eases leg strain. Beautifully styled handmade features aid circulation, flex museles and combat discomfort. FOAMTREADS conform to regulations, are easy to clean, and will probably never need resoling. Yet outersoles are easily and inexpensively replaced.

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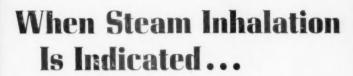
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SALL Box of 3 only \$2.99 postpaid! will be organizations such as the American Medical Association, the American Hospital Association and the American Association of Blood Banks. An invitation has also been extended to private blood banks.

- ► CONVENTION CALENDAR: Oct. 22-26, the annual convention of the Florida State Nurses Association, Panama City, Fla.; Oct. 23-26, California State Nurses Association, Los Angeles: Oct. 26-28, the annual meeting of the National Society for Crippled Children and Adults, Chicago; Oct. 31-Nov. 3, the annual convention of the Pennsylvania State Nurses Association, Philadelphia; and Nov. 12-15, the Georgia State Nurses Association, Augusta.
- ► ABOUT PEOPLE: Because her adopted country of Abyssinia is in desperate need of more medical care, 23-year-old Christabel Elizabeth Hamilton of Khartoum in the Sudan is taking a nursing course at the Queen Elizabeth Hospital in Birmingham, England so that eventually she may qualify to start a training center for nurses at the Princess Tsahia Hospital in Addis Ababa. . . . Agnes V. Hudder, formerly on the staff of the Boston Floating Hospital, has been named director of nurses and principal of the School of Nursing at the Newport (R.I.) Hospital succeeding Isabel Baird.
- THE PATIENT'S SIDE of the case was presented in a doctor-patient forum sponsored by two districts of the New York State Nurses



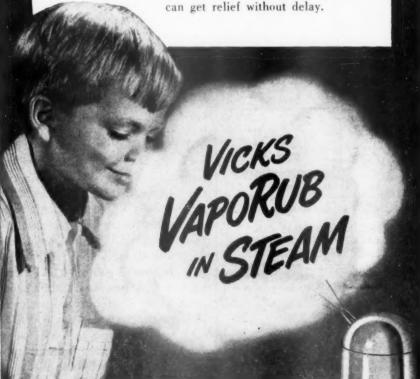
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	E CATALOGUE

Association. General concensus was that patients should be thought of as people rather than cases, and should be more clearly informed about hospital routines and procedures instead of being left out in the cold.

► NEWSLINGS: Even the present war emergency can't crowd out fashion. The Air Force Nurse Corps is looking forward to the wearing of new winter uniforms which include navy blue slacks, Eisenhower jacket, slightly fitted topcoat, hat with soft grey crown and matching scarf and gloves . . . Since the discussion of the doctor draft law and the appeal of the armed services for more physicians, the Army reports that up to September 1, only one former ASTP physician volunteered for duty . . . The Navy Bureau of Medicine and Surgery celebrated its 108th birthday on August 31 . . . The Senate Labor Subcommittee has approved a bill requiring restoration of 16,000 beds for the VA hospital construction program; the 16,000 bed cutback was ordered by the President last year . . . USPHS has announced the granting of 89 new fellowships totaling \$261,700 to students in nursing and allied medical fields . . . Membership in the ANA, as of July 31, 1950, shows a gain in 14 states with an overall gain of 6.543 members . . . A new G.I. Bill amendment allows a veteran who has completed or discontinued one course to take another course in the same or another general field without submitting justification for the change.

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FACTS ABOUT VAGINAL TAMPONS

Clinical studies indicate cotton vaginal tampons like Meds meet the catamenial requirements of the normal menstruating woman. This careful research shows that when vaginal tampons are used:

- 1. Normal tissue remains healthy with their use.3, 5, 6, 7, 4
- 2. They do not cause cramps.5
- 3. They do not back up flow into the peritoneal cavity. 4, 5, 7
- 4. Proper sizes do not alter normal anatomic virginity.1
- 5. They help avoid contamination from the anus. 7. 1
- 6. They do not affect the bacteriologic flora or pH.5
- 7. They help avoid erotic stimulation.1

IN A RECENT NATIONAL SURVEY made by the Johnson & Johnson Research Foundation among 884 gynecologists and obstetricians, 5 out of 6 doctors reported tampons acceptable for normal women.

MEDS were designed by a gynecologist to give new freedom and comfort in sanitary protection. On the basis of authoritative clinical evidence you may safely recommend MEDS2, the modern sanitary protection, to all normal women for greater comfort and peace of mind during menstruation. Your patients and friends won't know they're wearing one. Meds mean no chafing or odor... no pads, pins or belts.

- 1. J.A.M.A. 128:490, 1945 2. Am. J. Obs. & Gyn., 48:510, 1944
- 3. Am. J. Obs. & Gyn., 46:259, 1943
- West J. Surg., Obs. & Gyn., 51:150, 1943
- 5. Med. Rec., 155:316, 1942
- 6. Med. Rec., Ann., 35:851, 1941
- 7. Clin. Med. & Surg., 46:237, 1939

Miss Olive Crenning

(special representative to the nursing profession)

Personal Products Corp., Dept. RN-10

Milltown, N. J.

Please send me a copy of your booklet, "It's So Much Easier When You Know," and Meds samples (check size)

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Mennen Baby Magic is marvelous for "hospital hands" too. Nurses are writing us rave letters!

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There's Danger

[Continued from page 32]

complete safety program, says the NFPA. However, administrative heads and professional staffs should jointly agree upon the rules and regulations which they deem necessary for the control of personnel involved in the use of combustible anesthetics.

Work within the operating rooms will be less strenuous on the doctors. assistants and anesthetists if minds are free of worry about possible hazards, and workers realize that they are working under adequate precautions. But it must be remembered that mechanical safeguards without constant human diligence are incapable of providing adequate protection. For this reason, the NFPA suggests that one person, either the anesthetist, or a person appointed by the hospital authority, be responsible for enforcing safety regulations and to make continuing studies of new safety methods and devices.

The NFPA further recommends routine monthly inspections by the engineering staff and a written report for permanent record showing the results of conductivity tests, as these will be helpful in planning and maintaining the safety program. It is also suggested that rules and regulations be prominently posted in the operating suite and that appropriate measures be taken to acquaint all personnel with the rules.

For helpful material and suggested plans on initiating a safety program, you may write to the National Fire Protection Association, 60 Batterymarch Street, Boston 10, Mass. This organization has promoted the science of improving methods of fire protection and prevention and has obtained and circulated information on these subjects since 1896. It has campaigned all these years to secure the cooperation of the public in establishing proper safeguards against loss of life and property by fire.

In addition to information given by NFPA, the American Hospital Association and the National Safety Council now offer an accident and fire prevention service to all AHA members. Further information may be obtained from National Safety Council, 20 Wacker Dr., Chicago 6, Ill. The service provides participating hospitals with basic materials and techniques needed to implement a sound program to combat personal injury, fire, equipment damage and other accident losses.

We who have dedicated our lives to saving life should be more than interested in this safety program, Watch those uniforms!

AGE OF SPECIALIZATION

New Patient: "Say, Doctor, I asked that nurse to put a hot-water bottle on my feet and she stuck up her nose and walked away."

Doctor: "What else could you expect? That, young man, was the head nurse."

New Patient: "Oh, do they specialize that much? Then send me the foot nurse."

Pathfinder

HYGIENIC ADVANTAGES OF DENNISON DIAPER LINERS

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Dennison Diaper Liners offer a number of noteworthy conveniences —

1. An ammonia inhibiting property which has the effect of neutralizing one of the principal causes of externally-produced diaper rash. A nationally-known public health laboratory has now demonstrated that Dennison Diaper Liners inhibit the growth of ammonia-forming bacteria in urine.

The following tables illustrate the results of some of these tests:

F	Ammonia* content
4	mg/cc
Urine, unincubated, control	0.12
Same urine, incubated 27 hrs. at 37°C.	1.05
Same urine, incubated with Dennison	
Diaper Liner for 27 hrs. at 37°C.	.19

EFFECT OF DENNISON DIAPER LINER ON AMMONIA FORMATION B	B. PRUIEU
Difco Bacto Urea Broth, unincubated	onia content mg/cc 0.00
Same, inoculated with B. Proteus, incubated 24 hrs. at 37°C .	1.35
Same, inoculated with B. Proteus, incubated with Dennison Diaper Liner for 24 hrs. at 37° C.	0.01

- **2.** Dennison Diaper Liners are also of great value in collecting a stool for examination. The specimen may be sent to the laboratory intact because of the strength of these liners, wet or dry.
- **3.** You can recommend Dennison Diaper Liners with complete confidence. They protect the cloth diaper from soil and save mothers many hours of diaper scrubbing. Dennison Liners are always soft and comfortable in contact with the skin.

Write for samples and suggested application

Dennison Manufacturing Co., Dept. K-278 Framingham, Mass,

Look At Your Hair

[Continued from page 35]

to seek medical advice as to the cause of the scaly condition.

Dermatologists now recognize that a lack of vitamins can be a causative factor in dandruff as well as in other skin conditions, and large doses of riboflavin, B_2 , and the new B_{12} have been an aid to the local treatment of both the simple and pathological

types of dandruff.

Today, because of feminine wiles, another hair problem is with us. American women don't want hair on their arms or legs, nor do they want stiff hair protruding from their nares, ears or evebrows; thus the removal of hair has become routine for the well-groomed woman. Our ancestors removed unwanted hair by tweezing, and women are still using that method in spite of the fact that it is painful and does not permanently remove the hair. The means for growing hair remains within the follicle and so no matter how well or how often the tweezing is done, regrowth takes place. Wholesale plucking may be accomplished by application of a warmed wax, available commercially. Spread on while warm, it is stripped off when cool, pulling out the hair. Collodion compounds are applied in the same manner and give similar results. Some claim that plucking, with wax or tweezers, hastens and strengthens regrowth, but as far as can be determined, the matter has never been confirmed.

The razor is used by many women for the temporary removal of hair and contrary to popular belief, shaving does not increase rapidity of growth, the bristly character of the hair nor the pigmentation.

Cosmetic depilatories are good for temporary removal of hair, but they do not remove hair permanently, all claims to the contrary notwithstanding. A chemical depilatory that will cause permanent loss of unwanted hair and remain a safe depilatory is still to be discovered. It is well to remember that the skin and hair are of similar composition and any depilatory that is applied to remove hair will affect the skin if not removed promptly after it has served its purpose. A depilatory allowed to remain on the skin too long causes inflammation and later peeling, as in sunburn. Just how the sulfides in commercial depilatories destroy the hair is uncertain, but their action under normal skin conditions seems to be comparatively harmless when directions are followed closely. There is no proof that repeated applications of depilatories increase the growth of the hair.

The odor of the sulfides is now generally covered by addition of perfume, and recently there has been introduced on the market, an odorless depilatory with a varient of organic sulphur as the active ingredient. But all chemical depilatories remove hair only very temporarily and are somewhat dangerous if the directions are not followed with great care.

Some women prefer to bleach facial hair rather than risk injury by use of the rather harsh chemical. Bleaching is an easy and harmless procedure and it does make the hair less noticeable. One method is to first wash the skin with a rich lather of soap and water, followed by several rinsings with clear water. Then apply weaker ammonia water to the hair with a pledget of cotton, rubbing lightly so that the water will adhere to the hair. Then in the same manner, apply a solution of hydrogen peroxide (17-volume type) to the ammonia- and water-moistened hair. Bleaching will take effect in 10-15 minutes depending on the degree of pigmentation in the hair. Household ammonia, aromatic spirits of ammonia or the 10-volume solution of hydrogen peroxide are not to be used. The weaker ammonia water and 17-volume solution of hydrogen peroxide may be purchased in a beauty shop or pharmacy.

The only permanently effective method for hair removal is electrolysis. This has almost ceased to be a surgical procedure and is now an occupation for the cosmetician. Removing hair by the galvanic current method is quite simple and painless but one should select a well-trained technician who has extreme patience

and good eyesight. If properly done, the scars are small and scarcely noticed, but a careless operator could, by applying the current in reverse, permanently tattoo the skin. The radio-electrolysis method is quicker and therefore requires an operator with greater skill.

However, despite new medicines, new equipment and new ideas, our hair problems persist and it is up to each one of us to choose as we wish from the best of the new and the more successful of the old ways in the struggle to keep ourselves as well-groomed as possible.

In ancient Babylon, a physician was entitled to a fee of 10 silver shekels for attending to a broken bone. This seems to have been a good fee, for the annual rent of the doctor's house was only about six shekels. However, this excellent pay may have been due to the fact that the Babylonians compelled the doctors to pay them damages if the pain or ailment for which they were being attended did not disappear after treatment.

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As a laxative — Phillips' mild, yet thorough action is safe for both adults and children.

As an antacid—Phillips' affords fast, effective relief. Contains no carbonates, hence produces no discomforting flatulence.

DOSAGE:

Laxative: 2 to 4 tablespoonfuls Antacid: 1 to 4 teaspoonfuls, or 1 to 4 tablets

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FIGURE-PROPORTIONED SLIPS FIT PERFECTLY

Scientifically sized for three different heights, they're beautifully fashioned of fine multifilament rayon crepe-come in white, pink, navy, black. Sizes 32-44 in each height group.

Tailored style, illustrated, about 3.50 Lavishly lace trimmed style, about 4.00 SEAMPRUFE, INC., 412 5th Ave. • N.Y. C.

Furniture for Fun [Continued from page 43]

nurse at the DeWitt General Hospital, California; Fort Douglas, Utah: and Fort Ord, California. Upon separation from the service, she again returned to Vallejo and accepted her current position of supervisor of surgery at the Vallejo General Hospital.

At present Mary is having a fine time decorating the new home she has just purchased. She is furnishing it in "early American and early Ericksen," so she says. Gleaming Norwegian copper from the family collection adorns the spotless kitchen, and the antique furniture in the living room imparts a sense of comfort so often missed in the modern decor. And whenever she wants a certain piece of furniture that she can't find, she retreats to her little shop and whips up a reasonable facsimile.

Commercially minded friends, seeing the great popularity of her products, visualize a thriving small business for Mary Ericksen, but she laughs off the idea. Most of the things she makes she gives awayfrom the rocking horses with long, sweeping evelashes that have delighted so many doctors' children, to the needle point stools which are the prized possessions of their owners.

Mary has had many compliments on her work in nursing and on her hobby, but perhaps the highest compliment ever paid her was made by a youngster who said she wanted to be a nurse like Mary Ericksen because "she not only makes people well-she makes them happy too."

October R.N. 1950

74

Lovely lady...Lovely hair She's a Rayving Beauty now!

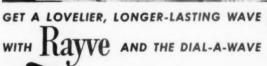
"Rayve Home Permanent is my
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PROMISING NEW YORK MODEL

"I'm ready for the camera any time since the day I had my Rayve Home Permanent. It left my hair so lustrous and softly waved right from the start. As natural as could be!"

WANT TO TRY MISS THOMAS' HAIR-DO? Write Janet Wakefield, Dept. C, Pepsodent, 80 Varick St., New York 13, N. Y. for free, easy-to-follow instructions.





Only the Dial-a-Wave shows you the fastest waving time that's safe for your type of hair . . . insures exactly the amount of curl you want. With Rayve's individual timing and gentler waving lotion, your permanent is frizz-free, sparkles

with highlights, practically sets itself from the start. Yet your wave stays lovely weeks longer!

ANOTHER FINE PRODUCT OF LEVER BROTHERS COMPANY



REFILL KIT

Use with any type plastic curlers

COMPLETE KIT \$2

Vitamin ABC's

[Continued from page 39]

hemorrhagic condition. Some investigators believe that so-called vitamin P substances (*Drug Digest*, May, 1949) such as citrin, rutin and hesperidin may be effective therapeutic agents in improving capillary resistance, but these claims have not yet been completely substantiated.

Since many of the vitamins have now been isolated in their pure form and their chemical structure determined, they can be produced synthetically. These synthetic vitamins are no different in their physiological action from their counterparts extracted from natural food sources. Because of their potency, commercial vitamin preparations of both types have proved invaluable in their often dramatically quick cure of acute and chronic deficiency symptoms. It must be remembered, however, that the average person can obtain his vitamins through his daily diet. For this person a well-balanced meal containing an assortment of vitamins and other food constituents is a better prescription than any amount of bottled vitamins—and less expensive.

Impressing the public with the necessity of eating a well-balanced meal is one of our chief public health objectives today. The United Nations has three international organizations concerned with gathering facts on food and nutrition-the World Health Organization, the Food and Agriculture Organization and the UN Educational, Scientific and Cultural Organization. In our own country much work has been done, especially during World War II, on the development of a national nutrition program. In an effort to replace the mineral and vitamin content lost in milled white flour, legislation passed during World War II provided for the enrichment of bread with thiamine. riboflavin, niacin and iron for the duration of the war. Many states now have permanent laws requiring envichment of flour and bread and also cornmeal and grits. A table of Recommended Dietary Allowances. referred to as the Yardstick of Good Nutrition, originally published in 1941 and revised in 1948, is prepared by the Food and Nutrition



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NOW PROOF... in an instant...
PHILIP MORRIS are LESS IRRITATING

Just Make This Simple Test:



1 ... light up a
PHILIP MORRIS

Take a puff—DON'T INHALE. Just s-l-o-w-l-y let the smoke come through your nose. Easy, isn't it? AND NOW...



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DON'T INHALE. Just take a puff and s-l-o-w-l-y let the smoke come through your nose Notice that bite, that sting? Quite a difference from PHILIP MORRIS!

YES, your own personal experience confirms the results of the clinical and laboratory tests.* With proof so conclusive, would it not be good practice to suggest PHILIP MORRIS to your patients who smoke?

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*Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245; N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592; Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

Board of the National Research Council and is a valuable reference for nurses who are interested in obtaining authoritative information on human nutritional needs.

One confusing aspect of vitamins are the terms used to express the amount of vitamin present in vitamin preparations. Carrying on the work of its predecessor, the League of Nations, the United Nations and its health organization, WHO, have sponsored vitamin standardization. Under their auspices, international units of several vitamins-identical with U.S.P. units-are defined according to the biologic activity of a certain quantity of the respective standard. But units are used only when there are no chemical methods available to express potency. As the chemists have succeeded in synthesizing vitamins, potency is calculated in metric weights of pure crystalline substance. Rules for the acceptance of vitamins in New and Nonofficial Remedies state that vitamin A or vitamin D potency should be expressed in U.S.P. units with vitamin content of ascorbic acid, thiamine, riboflavin, nicotinic acid, nicotinamide, pyridoxine, menadione and similar vitamin K preparations expressed in milligrams, not in micrograms, gammas or units.

The *N.N.R.* also has some important things to say about vitamins which are intended to check the many misstatements made about them today. It comments:

"There are still few indications for specific vitamin therapy . . . Multivitamin preparations, particularly capsules, have come into extensive use in recent years. In most of these preparations the proportion of vitamins present bears no relations to established therapeutic dosages, nor to normal requirements . . . The Council opposes the use of such preparations. It considers only multivitamin preparations in which the vitamin content is in proportion to the daily needs . . . The administration of vitamins in excess of bodily needs does not make one more resistant to disease than does the ingestion of quantities just sufficient to meet normal metabolic requirements . . . A properly selected diet ordinarily affords an adequate supply of vitamins."



FOR RELIEVING HOT, TIRED, ACHING FEET

It's almost magic the way your feet get quick, happy relief when you bathe them with fragrant Cuticura Soap—massage with emollient Cuticura Ointment—freely dust on fragrant, absorbent Cuticura Talcum. Try today. Buy at druggist.

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Oh joy, oh bliss! YODORA is different... doubly divine, doubly effective, because it's made with a face cream base. Works two ways: 1—really stops perspiration odor...2—keeps armpits fresh and lovely-looking as the skin of neck and shoulders. Safe for clothes, too. Today, try YODORA, recommend it to your patients with confidence! Product of McKesson & Robbins, Bridgeport, Conn.

not just masks perspiration odor

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and beautifies underarm skin

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100 bed general hospital soon to be expanded to 175. Accredited school of nursing, college-affiliated science classes, offers 4-year degree course. Fully approved hospital; complete, modern facilities; staff pathologist and radiologist City of 70,000 on Mississippi River; good service via three railroads.

IS THIS the job you've been looking for? . . . We're prepared to help.



WOODWARD Medical
Personnel Bureau • Ninth Floor
185 N. Wabash Avenue, Chicago 1, Illinois
Our Fifty-fourth Year

Candid Comments

[Continued from page 55]

Where once nurses were required to use all five senses and develop a sixth to help the doctor reach a diagnosis and carry out successful treatment, today the x-ray and the laboratory have taken over much of this task. To be sure they provide more accurate results in many instances, but at the price of our own powers of observation and deduction. We literally obey orders more today than ever in our history. And not enough have learned to develop these powers of observation and deduction and harness them to our problems in other areas.

There is a profound need in all of us to be a part of something—to feel that our work has importance to the whole. The failure of some of us to get this sense helps retard our complete growth and drives us to indifference. Conditions under the control of others are partly responsible for this, but our own reluctance to think and reason is also responsible. We must affirm ourselves to attain our full dignity and maturity. The mature person takes a hand in shaping his destiny.

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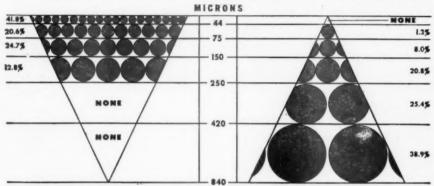
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Atomic bibliography: Three publications of interest to all readers.

Atomic Attack—A Manual for Survival, by Balderston & Hewes, Culver Products Co., 3631 Eastham Drive, Culver City, Calif. \$1; The Effects of Atomic Weapons (\$1.25) & Medical Aspects of Atomic Weapons (10c) Supt. of Documents, U.S. Government Printing Office, Washington 25, D.C.

Particle Size

AN INDEX TO READY DIGESTIBILITY



STRAINED and HOMOGENIZED CARROTS

CARROTS MERELY STRAINED

THE ready digestibility of Libby's Strained AND Homogenized Baby Foods, and their early tolerability, are graphically shown as physical changes which Libby's exclusive process of homogenizing brings about.

For instance, in carrots that have only been strained, less than 30% of the food substance presents particles under 250 microns in size—more than 70% is composed of particles up to and over 840 microns in size. BUT when this substance undergoes Libby's homogenizing

process, there remain no particles over 250 microns in size; 87% are smaller than 150 microns.

Thus digestion is facilitated, and utilization of contained nutrients, such as iron, is enhanced. Since cellulose fibers are comminuted to ultrasmall size, Libby's Homogenized Baby Foods may be fed with safety as early as the fifth week of life and are well tolerated.* Yet this feature carries no price penalty, for Libby's cost the mother no more than ordinary, merely strained, baby foods.

*Reprints of clinical studies are available on request.

Libby, McNeill & Libby • Chicago 9, Illinois



HOMOGENIZED BABY FOODS





R.N. Speaks

[Continued from page 29]

idly becoming more palatable to the American public and more undermining to our American system. This theory, followed by many groups, including our own professional associations, is based on the premise that an averaging of opinions in numbersespecially at state and national conventions, gives the apparent positive answer. Delegates represent the majority; the delegates speak; the majority is always right; therefore, the association with clear conscience goes on record in a resolution for or against a certain cause or issue. The two major things wrong with this theory are that, one, a group, whether it be a committee, council or association, doesn't have a conscience. Only individuals have consciences. The other is that the majority sometimes is the minority speaking for the majority and they are not always right. Were the majority who crucified Christ or gave the cup of hemlock to Socrates right?

We are citizens first and nurses second. We must help stem the trend of our times. We must begin to place our trust in ourselves and not shirk nor relinquish our civic responsibilities to our professional organizations nor allow ourselves to fall prey to government promises of special privileges and subsidies. Now is the time to take a part in the choice between government-paternalism type of security and the security guaranteed us in the Bill of Rights.

-ALICE R. CLARKE, R.N., EDITOR

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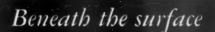
A "get out the vote" campaign recently put on by the Florida Medical Committee for Better Government was not only effective but will not be soon forgotten. As well as urging the neglectful to register and vote by subtle reminders and follow-up telephone calls, many doctors closed their offices on Election Day and taxied voters to the polls. Assisting the doctors were their wives and nurses, who, as baby sitters, relieved mothers to allow them to cast their ballots. Even the Funeral Directors' Association got into the act by providing free ambulance service to those hospitalized patients who, with their doctor's permission, went to the polls. The political health in Florida evidently needed first aid treatment.

The New York Hospital-Cornell Medical Center offers graduate nurses unique opportunities in all clinical fields

Starting salary, general staff nurses: \$200 monthly. First increase to \$210 after 3 months, regular increases thereafter; \$15 monthly bonus for evening duty, \$10 for night duty. 40-hour week, 4 weeks' vacation, sick leave, pension benefits, in-service educational program, promotional opportunities, health service, residence facilities.

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525 EAST 68TH STREET, NEW YORK 21, N.Y.



Lange and Weiner¹ suggest the term "hyperkinemics" to describe preparations such as Baume Bengué which produce blood flow through a tissue area. They point out that hyperkinemic effect, as measured by thermoneedles, may extend to a depth of 2.5 cm. below the surface of the skin.

In arthritis, myositis, muscle sprains, bursitis and arthralgia, Baume Bengué induces deep, active hyperemia and local analgesia. Systemically, Baume Bengué promotes salicylate action against underlying disease factors. It provides the high concentration of 19.7% methyl salicylate (as well as 14.4% menthol) in a specially prepared lanolin base to foster percutaneous absorption.

Lange, K., and Weiner, D.: J.
 Invest. Dermat. 12:263 (May) 1949.

Baume Bengué

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Opportunities in all parts of America, including countries outside continental United States—with physicians in private practice, clinics, universities, public health agencies, industry, and hospitals.

Please write today for our Analysis Sheet, so we may prepare an individual survey of opportunities in your particular field.

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The Hospital Act

[Continued from page 46]

expenses are allotted for salaries and half of that is for nursing services. It is an incredible fact that in approximately three years a hospital will spend as much for maintenance and operation as it did for initial construction.

Nurse consultants cannot and do not claim all the credit for hospital planning because this is a give-and-take activity of nurses, architects, administrators, physicians and community representatives. Also they cannot expect perfection. Since hospital construction has lagged far behind the rapid development of medicine, functional hospital planning is still in its infancy.

Although the nurses participating in these programs do not always manage to realize material results from every recommendation, they have the satisfaction of knowing that their special fund of nursing knowledge is contributing to better facilities for patient care.

Cost of long-term care for U.S. mental hospital patients increased \$154 million from the 1945 estimate to a total of \$400 million in 1947, according to statistics of the Mental Hygiene Division of USPHS. During the same period the annual cost per patient went up about 55 per cent. While most of the increase was due to rising prices, part may also reflect the improved quality of hospital care.



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suitable to initial infant feedings stimulated the development of Gerber's Barley Cereal. For, we at Gerber's always try to fulfill each new need in the area of infant nutrition.

HELPING YOU GIVE BABIES A BETTER START is our *only* business. So in addition to non-allergy advantages, Gerber's Barley Cereal contains added Iron, Calcium and important B vitamins.

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- Reduced dosage standardized at 0.5cc. for basic and "booster" injection.
- **5. FEWER REACTIONS** from non-antigenic substances because of improved purification.
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When ordering, specify—Dip-Pert-Tet, Cutter with Alhydrox. There is a Cutter purified toxoid—plain or Alhydrox—for every requirement in your immunization program.

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A copy of "Pediatric Immunology, A Handbook of Recent Advances" will be sent on request. It condenses up-to-date information on simplified immunologic procedures and contains dosage schedules on 14 different immunizing agents. Write Cutter Laboratories, Dept. K-61, Berkeley, California.



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Positions Available

ADMINISTRATOR: New general hospital, 70 beds, nearing completion. Preferably one qualified to combine duties with those of superintendent of nurses. Residential town near university center. Minimum \$5000. RN10-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, III.

ANESTHETIST: 20 man clinic, principally American Board specialists operating own hospital. College town, Southwest. RN10-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: New hospital, beautifully located in Alaska. Should be experienced in giving anesthesia for thoracic surgery. \$360-\$420, maintenance. Transportation from Seattle. RN10-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: 600 bed hospital. 40 hour week with paid overtime. Liberal vacation, sick leave policy. Quarters available if desired. Near Wayne University. Apply Director Anesthesia, The Harper Hospital, Detroit 1, Mich.

ANESTHETIST: 200 bed general hospital. Pleasant working conditions in department of 3 nurse anesthetists. With or without maintenance. Please state age, salary desired and experience. Apply to Supt. Tri-County Hospital, Orangeburg. S.C.

ANESTHETIST: Large general hospital serving community of 40,000, island in Pacific. Minimum \$4800, maintenance. RN10-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: (a) 100 bed approved hospital famous Florida beach resort. \$4000 yearly. (b) Active clinic with 30 specialists on staff, Illinois college town. \$3600, apartment available. (c) Well-established five-man clinic near Tulsa, Oklahoma. \$4200 yearly, attractive hours, excellent working conditions. (d) Large approved hospital near eastern capital, staff of six. Excellent working conditions. \$4200 yearly plus maintenance. (e) Small approved hospital eastern Texas. \$4200 maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ASST. SUPERINTENDENT: 33 bed general hospital. Knowledge of obstetrics and surgery necessary. Salary \$200 per month, full main-

tenance, vacation, sick leave. Apply Supt. Nantucket Cottage Hospital, Nantucket, Mass.

CLINICAL INSTRUCTOR: Surgical nursing. Advanced work in nursing education required. Progressive, state accredited school, 130 students. Students affiliation for Pediatrics, Tuberculosis, Psychiatry. Salary open. Apply Miss Helen Mar Jewett, Tacoma General Hospital School of Nursing, 314 South K St., Tacoma 3, Wash.

DIRECTOR OF NURSES: Cancer research hospital of 75 beds located in temporary quarters. Person selected will be considered for position of Director of Nurses for 300 bed cancer research hospital to be located in the Texas Medical Center. This position offers excellent opportunities for promotion and permanency. Personnel policies include liberal vacation and sick leave plans, holidays with pay, retirement plan and group hospitalization and life insurance. Address inquiries to Personnel Manager, University of Texas, M. D. Anderson Hospital for Cancer Research, Houston, Texas.

DIRECTOR OF NURSING SERVICE: New tuberculosis hospital, unit of teaching group. \$400, maintenance. University medical center, Midwest. RN10-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago. Ill.

DIRECTOR OF NURSING SERVICE: General hospital, 200 beds. United States dependency. Although tropical country, climate mild. RN10-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

EDUCATIONAL DIRECTOR: Immediate opening. Hospital connected with a large clinic and is located in the capital city. A new addition is being added to the hospital this summer. The Bismarck Hospital, Sixth and Thayer, Bismarck, N. Dak.

EDUCATIONAL DIRECTOR: For progressive 100 bed general hospital with 50 student nurses. Attractive personnel policies. Salary open depending upon experience and qualifications, maintenance. For further information write Director of Nursing. Lutheran Hospital, Vicksburg. Miss.

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GENERAL DUTY NURSES: New hospital located in fashionable residential and college town on Lake Michigan. Private room and bath in new nurses home. Staff of well[Turn the page]



Looks like Junior is heading for a fall! But even the liveliest youngster won't climb, fall or slip out of the balanced Babee-Tenda Safety Chair.

Seat has four adjustments; back and footrest adjust, too. Swings for gentle excercise; stop-lock for feeding. ExTenda Legs raise for mealtime. Has sanitary



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GENERAL DUTY NURSES: 33 bed hospital. Salary \$185 per month, 4 weeks' vacation, sick leave. Apply Supt. Nantucket Cottage Hospital, Nantucket, Mass.

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GENERAL STAFF NURSES: Positions available on most services. 40 hour, 5 day week. Salary \$228.33 per month for rotating day, evening and night duty. Additional \$10 per month for permanent evening duty and \$5 per month for permanent night duty. Salary raises based upon merit to a maximum of \$258.33 per month. All university holidays with pay. 12 work days paid vacation yearly. Accumulative illness allowance 12 work days yearly. If desired, rooms provided for \$20 per month. Hospital cafeteria meals at reasonable prices. Write Director of Nursing. University Hospital, Ann Arbor, Mich.

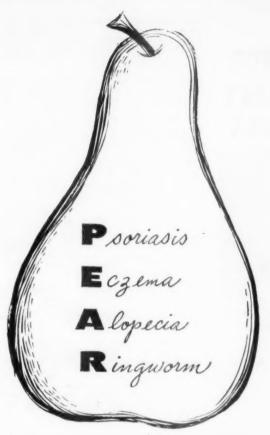
GRADUATE NURSES: For tuberculosis sanatorium in Seward, Alaska. Beginning salary \$278 per month, \$10 month increase every 6 months to \$308, \$10 extra for evening and night duty. Opportunities open for advancement to head nurse and supervisor for cualified personnel. Maintenance available at Sanatorium for \$63 per month. 2 weeks' paid vacation first year, three second year. 2 weeks' sick leave. Transportation one way between Seattle and Seward paid after one year of service. Apply by airmail Director of Nurses, Seward Sanatorium, Bartlett, Alaska.

GRADUATE STAFF NURSES: For general hospital for medical, surgical and obstetrical services. Also vacancies on operating room staff. Salary \$206 per month, two weeks annual vacation and twelve days sick leave. Retirement benefits available if desired Straight eight-hour day and forty-one hour week. For information write Superintendent. Robinson Memorial Hospital, Ravenna, Ohio.

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In the treatment of many skin conditions, for example, the effectiveness of ointment medication may be largely nullified by the patient's use of ordinary soap which irritates the already inflamed area. Not so with MAZON therapy . . . when pure, mild MAZON SOAP is used for cleansing the skin and preparing it for the antipruritic, antiseptic, antiparasitic action of MAZON OINTMENT.

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All they need do is chew safe, gentle CHOOZ, refreshing antacid chewing gum. Its two medically famous ingredients quickly neutralize excess stomach acids . . . welcome relief comes right away! And scientists say its pleasant chewing action stimulates nature's own way of sweetening the stomach.

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INDUSTRIAL NURSES: Two. One should be qualified to supervise department. New dispensary, Chicago area. RN10-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

INSTRUCTORS: (a) Clinical, 100 bed hospital Long Island summer resort community, \$3000, maintenance. (b) Nursing Arts. 300 bed hospital, eastern college town, \$4000. (c) Science Instructor, 100 bed hospital, Atlantic seashore resort, Southern Florida, \$3600. (d) Clinical Instructor in Psychiatric Nursing, Midwest mental hospital, \$4000. (e) Social Science Instructor, 200 bed hospital, South Atlantic State, Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

MALE NURSES: Graduates of approved schools for foreign assignments. Substantial salaries plus living allowance, RN10-10 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

NURSE ANESTHETIST: Approved hospital near Detroit. \$365 per month. Overtime after 40 hours per week. Living quarters available. Wyandotte General Hospital. Wyandotte, Mich.

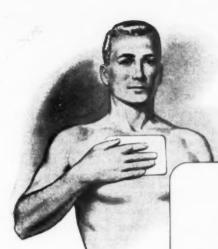
NURSES: General duty, head and supervisory nurses in acute communicable, TB or general emergency hospitals. Public health nurses and public health nurses in training. Salaries from \$2876 to \$4573. 40 hour week, no split shifts. Paid vacations, duty disability allowances. Sick leaves, maternity leaves, pensions, death and sickness benefits. Apply Detroit Civil Service Commission, 735 Randolph, Detroit 26, Mich.

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NURSES: General hospital, 65 beds. Good personnel policies with liberal vacations and new nurses' home. Salary \$210-\$235, moderate maintenance deducted. Bonus for evening and night duty. Apply Director of Nurses, Lake Forest Hospital, Lake Forest. III.

[Turn the page]



Johnson's MUSTARD PLASTER

U. S. P. EXTRA-LARGE SIZE

DIRECTIONS: Soak the plaster in futewarm water (1 to 2 minutes) and apply to chest (front, side or back). Remove plaster when skin is thoroughly reddeed, usually within 5 to 10 minutes.

CAUTION: Do not keep plaster on long enough to blister the skin-never over 15 minutes. If blistering occurs because plaster is self on longer than 15 minutes, apply Johnson's Baby Cream or Pervioleum. Jelly to soothe the Irritated area. When used on children or adults with sensitive skin, place a layer of wet gauze or cloth between plaster and skin.

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For chest colds

The time-proved mustard poultice in modern, ready-to-use form

The old-fashioned mustard poultice has long been recognized as sound therapy. For example, Blumgarten's "Textbook of Materia Medica, Pharmacology and Therapeutics," 1937, notes that rubefacients or counter-irritants are useful "to relieve pain and tightness in the chest and congestion and inflammation in the lungs."

Whenever this type of treatment is indicated, you will find that Johnson's MUSTARD PLASTERS offer many advantages to your patients. Each plaster comes ready to use. Nothing to prepare. No mess. No fuss. On and off in a few minutes. Heats the spot, stimulates circulation, helps relieve chest colds, bronchitis, sore throat.

Johnson's MUSTARD PLASTERS are recognized and approved by the United States Pharmacopoeia.

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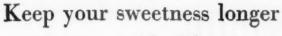
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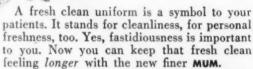
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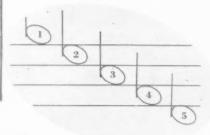
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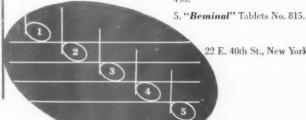
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1. The Prophylaxis and Treatment of the Common Cold with Neohetramine (thonzylamine hydrochloride). Ind. Med. 18:508 (Dec.) 1949.



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